

Chair Black and Members of the Committee,

My name is Sean Pauzauskie, and I'm a practicing neurologist and Medical Director at The Neurorights Foundation, devoted to promoting innovation and ensuring the safe and ethical development of Neurotechnology.

Thank you for your leadership on this H.814 and for the seriousness with which you are approaching artificial intelligence in health care and human services. The stated intent of the bill — to protect human rights, promote equity, increase transparency, and prevent harm while maximizing the benefits of AI — reflects a balanced and thoughtful approach. That balance is exactly what this moment requires.

I would like to focus briefly on two areas: the neurological rights framework and the provisions related to AI and mental health.

First, the creation of Chapter 42C on Neurological Rights is historic. The recognition that each individual has rights to mental and neural data privacy and protection from unauthorized neurotechnological manipulation places Vermont at the forefront of protecting the integrity of the human mind.

The bill's definition of "neural data" — information generated by measuring activity of the central or peripheral nervous systems that can be processed by a device — is scientifically sound and appropriately targeted. Importantly, neural data is not simply another category of biometric identifier, nor is it what some have described as "cognitive biometric" data. As reflected in American Medical Association policy on neurotechnologies and neural data, neural data refers specifically to signals derived from direct measurement of nervous system activity. It is physiologic data — distinct from behavioral inferences, consumer profiling, or traditional biometric markers such as fingerprints or facial recognition. That distinction matters. Conflating neural data with broader biometric or behavioral data risks either overregulating ordinary digital activity or underprotecting uniquely sensitive brain-derived signals.

In my clinical practice as a neurologist, I care for patients with epilepsy, depression, traumatic brain injury, and neurodegenerative disease. Increasingly, devices and platforms can measure brain signals outside of traditional medical settings. When those signals are combined with powerful AI systems, they can reveal patterns about mood, cognitive vulnerability, and even emerging psychiatric risk.

For a patient struggling with severe depression, neural data may reflect physiologic markers associated with suicidality before a crisis occurs. For a family navigating early dementia, it may reveal subtle changes in neural function before functional decline is obvious. These technologies hold tremendous promise — but if neural data is misused, sold, or manipulated without meaningful consent, the consequences are not merely commercial. They affect autonomy, dignity, and mental health itself.

The bill's requirements around written informed consent, limitations on collection and sharing of neural data, and explicit prohibitions on "consciousness bypass" without specific consent are especially important. The recognition that consent obtained through a consciousness bypass is not informed consent is a profound and necessary safeguard. It acknowledges that the brain is not simply another data source — it is the biological substrate of personhood.

Second, the provisions addressing generative AI and mental health chatbots are timely and essential. The requirement that patients be notified when generative AI is used in patient communications protects trust. The clear disclosure that a mental health chatbot is artificial intelligence and not a human protects vulnerable users from confusion or false assumptions about the nature of care.

As someone who works with patients and families in crisis, as well as an uncle to two young nieces navigating their own adolescent and teenage mental health journeys, I can tell you: when someone is experiencing acute mental distress, clarity and trust are lifesaving. Guardrails around advertising, data sharing, and safety protocols in mental health chatbots are not anti-innovation — they are pro-safety.

If there is an opportunity for refinement, I would suggest explicitly aligning the statutory definitions of "neurotechnology" with the American Medical Association's policy language to ensure consistency with national medical standards and to future-proof the statute as technologies evolve. I would be happy to provide suggested language that reinforces the distinction between neural physiologic signals and broader biometric or behavioral data categories.

What makes this legislation unique is not simply that it regulates AI — many jurisdictions are attempting that. What is unique is that it recognizes the human brain as deserving of special protection in law. By acting early, Vermont can set a precedent for other states and help shape national norms around neural data, AI, and mental health.

If done thoughtfully, this framework will not slow responsible innovation — it will strengthen public trust in it. And in the realm of mental health and neurological disease, trust is inseparable from care. In that sense, this effort has the potential not only to shape policy, but to save lives.