



To: House Committee on Health Care
From: Stephanie Winters, Vermont Medical Society
Date: February 27, 2026
RE: H.814 – An act relating to neurological rights and the use of artificial intelligence technology in health and human services

Good morning, and thank you for the opportunity to testify on H.814.

I want to begin by acknowledging the importance of what this bill seeks to address. The rapid development of artificial intelligence and neurotechnology raises legitimate questions about privacy, autonomy, transparency, and protection from misuse. Establishing guardrails around neural data and ensuring that Vermonters know when AI is being used in health-related communication are thoughtful and forward-looking goals.

Protecting cognitive liberty, preventing exploitation of neural data, and promoting transparency in mental health technologies are important policy objectives. Vermont has the opportunity to lead thoughtfully in this emerging area. At the same time, it is important to consider how the bill intersects with Vermont's health care workforce reality.

There are several practical considerations for clinical medicine that merit attention to ensure that the bill does not unintentionally disrupt routine health care delivery.

First, clarity of scope is essential. Terms such as "neural data" should be carefully defined so that routine diagnostic services—such as electroencephalogram (EEG) (a non-invasive diagnostic test that records the electrical activity of the brain using small metal electrodes placed on the scalp), intraoperative neuromonitoring, and other standard neurophysiologic testing—are not inadvertently subjected to separate consent and data destruction frameworks beyond existing medical record laws. Clinical diagnostic data already falls under HIPAA and established professional standards.

Second, data destruction provisions should be harmonized with medical record retention requirements. Health care providers are legally obligated to maintain medical records for defined periods. Any revocation-based destruction mandate should clearly exempt data maintained as part of the medical record to avoid creating conflicting legal duties.

Third, emergency care must be explicitly protected. In neurologic emergencies—such as seizures, stroke evaluation, or traumatic brain injury—additional procedural steps should not delay care.

Fourth, with respect to artificial intelligence, it is important to distinguish between AI used as an internal clinical decision-support tool and AI that independently communicates with patients. Clinician-supervised AI—such as radiology support tools, risk prediction models, or documentation assistance—should remain clearly permissible without creating ambiguity that might discourage responsible adoption.

Finally, Vermont should consider the impact on rural hospitals, small practices, and academic research institutions. Layering additional regulatory requirements beyond federal privacy and research standards could unintentionally increase administrative burden and reduce innovation capacity in an already resource-constrained health care environment.

In summary, the goals of H.814 are commendable. With targeted clarifications and guardrails—particularly around definitions, record retention alignment, emergency care protections, and clinician-supervised AI—the Legislature can protect Vermonters’ neurological and digital rights while preserving access to safe, efficient, and innovative medical care.

Thank you for your thoughtful consideration and I have included specific amendment suggestions in my written testimony. I am happy to answer questions or can move on to our thoughts on H.816.

Suggested Amendments:

➤ **Definition of Neural data**

“Neural data” shall not include diagnostic tests, monitoring, or imaging collected by a licensed health care provider for purposes of diagnosis, treatment, or care management when such data is maintained as part of the patient’s medical record and governed by state and federal health privacy laws.

➤ **Align Revocation/Destruction Requirements with Medical Record Retention Laws**

Nothing in this act shall require destruction of data that is required to be maintained as part of a medical record under state or federal law, accreditation standards, or professional practice requirements.

➤ **Emergency Care Safe Harbor**

The requirements of this section shall not apply when collection or use of neural data is necessary to provide emergency medical care or to prevent serious and imminent harm.

➤ **Clarify AI Disclosure in Clinician-Supervised Use**

Disclosure requirements shall not apply to artificial intelligence tools used solely for internal clinical decision support, documentation assistance, or administrative workflow purposes when a licensed health care professional reviews and assumes responsibility for the final communication or clinical decision.

➤ **Distinguish Consumer Mental Health Chatbots from Supervised Clinical Tools**

This section shall not apply to digital tools used within a licensed health care practice under the supervision of a licensed clinician and subject to HIPAA protections.

➤ **Harmonization with HIPAA**

Nothing in this act shall be construed to conflict with or diminish obligations under the Health Insurance Portability and Accountability Act (HIPAA). Compliance with applicable federal health privacy law shall satisfy parallel requirements of this act.