February 19, 2026

State of Vermont House Health Care Committee
c/o Tasha Kleppner, Committee Assistant
via email at Tasha.Kleppner@vtleg.gov

RE: H. 814, H.816, H.644

Dear Legislators:

I am writing on behalf of the members of the Vermont Psychological Association, which includes psychologists; licensed clinical social workers; licensed clinical mental health counselors; and licensed marriage and family therapists. Our members provide evidence-based mental health services in a wide range of settings, most often as solo practices deeply embedded in their communities.

We want to express our serious concerns about the current language of H.816, H.644, and S.241, bills regarding artificial intelligence and mental health care already introduced to this committee. Our comments are offered in the spirit of collaboration and with a shared commitment to public safety, access to care, and responsible modernization of mental health services i Vermont. The basis of our opposition to the current language of these bills is outlined below.[1]

1. Overbroad Definitions: Not All AI Is the Same

These bills define "artificial intelligence" too broadly. VPA agrees that tools such as unregulated generative chatbots ("AI therapists") and wellness bots with vague claims present a risk to public safety. Those tools can be distinguished from legitimate, AI-based, evidence-based psychotherapy and assessment tools such as:

- Algorithmically scored psychological tests

- Clinical decision support & digital therapeutics (often FDA-cleared)

- Evidence-based treatment planning software

- Longstanding clinical decision-support tools

In addition, the prohibition on using AI to "detect or interpret emotions or mental states" unintentionally captures and prohibits tools that make psychotherapy and assessments accessible to individuals with disabilities, such as:

- Assistive and augmentative communication technologies

- Standard psychometric and neuropsychological assessments

- Tools relied upon by non-verbal or neurologically impaired Vermonters

This creates barriers to care and exposes the State of Vermont to Americans with Disabilities Act and Section 504 compliance risk.

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[1] VPA's opposition to the language of these bills is consistent with the American Psychological Association's position on such legislation.

In short, legislation that treats all forms of AI as identical, or fails to distinguish them explicitly, is structurally flawed. Classifying the use of legitimate AI tools for mental health clinicians as "prohibited" goes too far and risks reducing the standard of care, discouraging new clinicians from establishing a practice in Vermont, and accelerating clinician attrition.

2. Clinicians as Targets: A Misplaced Regulatory Focus

All three bills purport to enforce their respective provisions and impose fines (up to $10,000) against licensed clinicians, *rather than on the technology companies that design and market consumer-facing AI chatbots posing as therapists or acting autonomously.*

This approach **misidentifies the source of harm** and shifts responsibility from the technology sector onto professionals who use evidence-based AI tools within the scope of their practice. Psychotherapists are already legally and ethically responsibility for patient outcomes and the process by which they provide psychotherapy, and this bill would not improve the provision of psychotherapy by licensed mental health clinicians.

The danger lies in the absence of a professional, not the presence of the software.

3. An Double Standard That Weakens Consumer Protection

The bills exempt religious counseling, uncertified peer support, and generalized self-help resources from AI restrictions.

As a result, unlicensed or uncertified actors may deploy unregulated, generative chatbots without oversight or restriction while licensed professionals are restricted from using appropriate, evidence-based tools to assist, *not replace*, them in providing psychotherapy. This double standard eliminates any claims of "consumer protection" the bills purport to provide.

4. Mental Health Parity Matters

If legislation allows—or doesn't prohibit—physicians or other health care providers to use AI tools but restricts psychologists and other licensed mental health care providers from doing so, it is unjustified and indefensible. It creates a lack of parity between mental health care and other health care without any basis for doing so.

5. Bottom Line

We urge the Committee to reject the current bills and ensure that any legislation that purports to protect the public in the context of AI and mental health care should:

- Place obligations and restrictions on **AI developers and distributors**, not on clinicians' use of technologies under professional judgment
- Provide a clear safe harbor for clinician-directed use of technology under licensed oversight.
- Adopt a narrower definition of "therapeutic communication" that does not unintentionally capture routine clinical tools or supports.

- Explicitly protect mental health professionals' scope of practice, clinical discretion, and professional judgment in the use of technologies

Vermont can protect the public from unlicensed AI therapy without regulating clinicians as the primary source of risk.

Sincerely,   Sincerely,

                                                    /s/ *Rick Barnett*

Barbara Colombo, Ph.D.   Rick Barnett, Psy.D., M.S.
President   Legislative Committee Chair