



April 28, 2026

Vermont State Senate Committee on Health and Welfare
115 State St.
Montpelier, VT 05633

Re: H 816 – “An act relating to regulating the use of artificial intelligence in the provision of mental health services” (Oppose, Seeking Amendments)

Dear Chair Lyons, Vice Chair Gulick, and Members of the Senate Committee on Health and Welfare:

On behalf of the Computer & Communications Industry Association (CCIA), I write to respectfully oppose H 816. CCIA is an international, not-for-profit trade association representing a broad cross-section of communications and technology firms.¹ We share the bill’s underlying goal of protecting consumers who seek mental health support through emerging technologies. However, as drafted, H 816 raises significant concerns that could undermine access to care and deter the development of AI tools that benefit many patients seeking mental health treatment.

Overly broad definitions will create compliance uncertainty.

CCIA recommends clarifying that professional mental and behavioral health care is defined as psychotherapy, psychiatry, counseling, therapy or other care or services relating to the diagnosis, treatment or prevention of mental illnesses or emotional or behavioral disorders which are provided by a provider of mental and behavioral health care within his or her authorized scope of practice.

H. 816’s definition of “mental health services” is overly broad and risks capturing a wide range of AI interactions that bear little resemblance to clinical care. As currently drafted, the bill defines “mental health services” as “support, counseling, therapy, or psychotherapy services provided by a mental health professional to diagnose or treat an individual’s mental or behavioral health or provide ongoing recovery support, excluding religious counseling or peer support.” The inclusion of “support,” without further qualification, is broad enough to encompass psychoeducational tools and information AI systems that provide motivational content without clinical intent. Similarly, the expansive definition of “therapeutic communication” as “any advice related to diagnosis, treatment, or recovery” could sweep in routine information exchanges that no reasonable observer would characterize as clinical treatment. These definitions leave covered entities unable to determine whether their products fall within the bill’s scope or what compliance measures they must take.

For these reasons, we recommend the Committee adopt language aligned with Nevada AB 406, defining “mental health services” as “psychotherapy, psychiatry, counseling, therapy or

¹ For more than 50 years, CCIA has promoted open markets, open systems, and open networks. CCIA members employ more than 1.6 million workers, invest more than \$100 billion in research and development, and contribute trillions of dollars in productivity to the global economy. A list of CCIA members is available at <https://www.ccianet.org/members>.



other care or services relating to the diagnosis, treatment, or prevention of mental illnesses or emotional or behavioral disorders which are provided by a provider of mental and behavioral health care within his or her authorized scope of practice.”² This definition is clearer in scope and better reflects the clinical context that the bill intends to regulate, without capturing AI tools that support, rather than replace, licensed mental health professionals.

Prescriptive provisions are impractical and will degrade the user experience.

The consent requirements in H 816, while well-intentioned, are impractical for real-world AI-assisted mental health service delivery. The bill requires “explicit affirmative” written consent any time artificial intelligence is used to record identifiable therapeutic communications. The bill also expressly excludes “acceptance of broad terms-of-use agreements, passive actions, or deceptive practices” from its definition of consent. While patient privacy is a legitimate concern, requiring this level of granular, stand-alone consent for written consent for routine functions, such as transcription or documentation support, that the bill otherwise expressly permits, creates unnecessary friction in the clinical workflow for tools that would otherwise improve patient care quality.

Moreover, the bill’s prohibition on AI independently making “therapeutic decisions,” “independently diagnos[ing],” or “independently generat[ing] treatment plans” does not adequately account for the spectrum of AI-assisted clinical decision support tools that operate under meaningful human oversight without fully automating these functions. The bill’s definition of “therapeutic communication” is broad enough that routine AI-generated summaries or psychoeducational content could fall within its scope of unprofessional conduct liability. These one-size-fits-all mandates ignore the wide variety of beneficial AI use cases in mental health care and risk degrading the experience of Vermont residents who depend on these services every day.

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For these reasons, CCIA respectfully urges the Subcommittee to oppose H 816. We appreciate the opportunity to share our views and stand ready to work with the Committee on any amendments that would better balance user safety with innovation, usability, and constitutional protections.

Sincerely,

Kyle J. Sepe
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Computer & Communications Industry Association

² Nev. Rev. Stat. § 629.610(6)(b) (2025).