



May 4, 2026

Vermont House Committee on Health Care
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 Black, Vice Chair Berbeco, and Members of the House Committee on Health Care:

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 uses overly broad definitions that do not enable businesses to know which of their activities fall within the law’s scope. Specifically, CCIA recommends clarifying that professional mental and behavioral health care is defined as services 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 including “counseling, therapy, or psychotherapy services used to diagnose or treat an individual’s mental or behavioral health or provide ongoing recovery 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, such as guidance and emotional support from general-purpose AI systems, wellness apps, or coaching tools. 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 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

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>.

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



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.

* * * * *

For these reasons, CCIA respectfully urges the Committee 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
State Policy Manager, Northeast Region
Computer & Communications Industry Association