

Statement for the Record submitted by Cohen Veterans Network, Inc.

House Committee on Veterans' Affairs Subcommittee on Health Hearing on H.R. 2283, the RECOVER Act January 13, 2026

Chairwoman Miller-Meeks, Ranking Member Brownley and distinguished members of the Subcommittee:

Thank you for the opportunity to submit this written testimony on behalf of the Cohen Veterans Network (CVN) in support of H.R. 2283, the RECOVER Act. As the Committee examines ways to ensure our nation's veterans have access to the highest quality mental health care, CVN appreciates the chance to provide insights into our work and underscore the importance of this legislation in addressing the persistent mental health and suicide crisis within the veteran community.

CVN is a **not-for-profit** philanthropic organization founded in 2016 that serves veterans, service members, and military families through a nationwide system of mental health clinics. We operate 22 clinics providing care across 20 states, including telehealth services. Our clinics offer treatment for a range of issues, including depression, anxiety, adjustment challenges, substance misuse, anger, post-traumatic stress disorder (PTSD), grief and loss, family issues, transition difficulties, sleep problems, relationship problems, and children's behavioral issues. We also provide comprehensive case management services to address social determinants of health, such as unemployment, food insecurity, finances, housing, and more. CVN does not turn veterans away based on discharge status or insurance, and we serve the whole family as defined by the veteran or service member.

Since our inception, CVN has served nearly 95,000 clients in over 850,000 clinical sessions, with nearly 480,000 of those delivered via telehealth. Over 54 percent of our clients have been veterans and service members, approximately 30 percent have been non-veteran adult family members, and 16 percent have been children. Notably, 31 percent of our veteran clients are female veterans. Our clinicians are trained in evidence-based practices and deliver measurable outcomes. We track satisfaction and clinical improvement across all clinics, with over 90 percent of clients reporting they would recommend CVN services to others. Our care model is military culturally competent, data-driven, and focused on filling gaps in the system through public-private partnerships.

While the Department of Veterans Affairs (VA) has made significant investments in expanding mental health services, challenges persist in the Community Care program, and the suicide epidemic among veterans continues unabated. CVN helps alleviate these pressures by providing barrier-free, high-quality outpatient treatment in military community settings, alongside the VA. We are proud to complement the VA's mission and extend its reach, ensuring that veterans and their families receive timely, effective support.

H.R. 2283, the RECOVER Act, represents a vital step forward in this effort. This legislation would establish a pilot grant program to support non-profit clinics like CVN in delivering culturally competent, evidence-based mental health care without cost being a barrier to the veteran. By fostering public-private partnerships, the RECOVER Act can help close access gaps,

particularly in underserved areas, and extend a lifeline to family members who are often excluded from the traditional VA system. This is not an attempt to privatize the VA, as some detractors may claim, but rather a targeted initiative to enhance the existing framework and solve the ongoing mental health and suicide crisis in the veteran community while also measuring the performance through detailed metrics of non-profit community organizations.

For some medical conditions that are too important to allow bureaucratic red tape to interfere with veterans' timely access to care, Congress has directed streamlined access to ensure that eligibility or billing questions don't stand in the way of necessary and timely treatment. For example, the VA Millennium Act of 1999 authorized VA to cover treatment costs for enrolled veterans who access emergency care services at non-VA facilities, coverage that was later mandated by Congress. The COMPACT Act of 2020 directed VA to cover emergency suicide care at any VA or non-VA facility, regardless of whether those veterans were enrolled in the VA healthcare system. The logic behind these streamlined provisions of care is simple: when veterans are in crisis or need sustained treatment, then VA should ease their access to the greatest extent possible. H.R. 2283, given its focused emphasis on mental health care and with carefully constructed guardrails around its funding authorization, is perfectly in line with these past bipartisan accomplishments.

These bipartisan efforts demonstrate a long history of Congress enabling veterans to utilize outside help where it makes sense, without undermining the VA's core role. The RECOVER Act builds on this foundation by empowering non-profits to provide complementary services, ensuring a more comprehensive and responsive community-wide system. A recent study in JAMA Network Open (May 21, 2025), titled "Experiences With VA-Purchased Community Care for US Veterans With Mental Health Conditions," highlighted these ongoing challenges, noting that vulnerable veterans often face difficulties navigating community care. The study underscores the need for targeted quality and care coordination strategies—precisely what the RECOVER Act aims to advance. CVN strongly agrees that community care must function as a complementary element to the VA, jointly improving access, options, and standards of care for veterans.

CVN stands ready to support the implementation of the RECOVER Act and pledges to continue working with the Committee, the VA, and other stakeholders to meet the full scope of veterans' mental health needs, including those of their families. Thank you to Chairman Bost for introducing the legislation. And thank you to the subcommittee for its leadership in advancing solutions like this legislation, which will save lives and strengthen our commitment to those who have served. We welcome any questions we can help the subcommittee with and look forward to ongoing collaboration.

Respectfully submitted,



Dr. Anthony Hassan
CEO & President