



Texas VFW District 21

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VETERANS LEGISLATION & BENEFITS NEWS – 1/17/2026

Compiled from various online Veterans Service Organizations & printed news sources.

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1. Better Access to Your Health Care Benefit:

A Look at the Military CARE Act (MOAA) - A bipartisan House bill introduced Dec. 17 would require the Pentagon to establish a digital system designed to improve access to care at military treatment facilities (MTFs) by providing greater data and transparency on beneficiary access challenges – a key MOAA legislative priority.

The **Military Care Access, Reporting, and Evaluation (CARE) Act** (H.R. 6796) mandates a system that:

- Allows all TRICARE beneficiaries to submit and track a complaint about MTF barriers to accessing care.
- Sends access complaints to the proper patient advocate.
- Aggregates those complaints for use by the Defense Health Agency (DHA) to help officials address widespread problems.

[TAKE ACTION: Ask Your House Member to Support the Military CARE Act]

“Without reliable data and transparency, access-to-care problems in the military health system remain unseen and unresolved,”

MOAA President and CEO Lt. Gen. Brian T. Kelly, USAF (Ret), said in a press release announcing the bill's introduction. “The Military CARE Act ensures beneficiary experiences are captured, tracked, and reported – giving leaders and Congress the visibility needed to identify systemic issues and drive meaningful, lasting improvements for military families.”

The bill, sponsored by Reps. Steven Horsford (D-Nev.), Jen Kiggans (R-Va.), Chrissy Houlahan (D-Pa.), and Don Bacon (R-Neb.), also requires reports on the most common access-to-care complaint filed at each MTF, along with deeper looks into specialty and pediatric care. It also mandates each facility provide “a summary of steps taken ... to reduce access to care complaints by covered beneficiaries.”

The Military CARE Act is the result of grassroots efforts – MOAA took this issue to Capitol Hill as part of the 2025 Advocacy in Action event. MOAA members from across the nation converged on Washington, D.C., in April to meet with lawmakers and advance our

legislative agenda, including improving access to health care for military families.

Why This System Matters

Military families face multiple hurdles navigating a complex health care benefit – everything from frequent PCS moves to an unstable military health system. Many reach a new duty station only to be greeted by MTF appointment shortages and referral delays ... and patient-advocacy resources at these facilities vary widely across the force.

The establishment of a systemwide digital platform would help all beneficiaries know where to go with their complaints, ensure their issues are forwarded to individuals who can help them secure their earned health care benefit, and compile data to help DHA leaders and Congress address problems – whether it's a single MTF facing a series of challenges or a force-wide issue faced by beneficiaries in multiple locations.

Congress mandated a similar system in 2019 to address military family housing concerns amid increased reports of hazardous living conditions. The DoD Housing Feedback System offers a centralized database for tenant complaints, landlord responses, and actionable data that can shed light on widespread problems.

“This bipartisan bill gives military families a real voice, gives providers the tools to respond quickly, and gives Congress the oversight needed to ensure servicemembers and their loved ones are never left behind,” Horsford said in the press release. “When we support our families, we strengthen the entire force.”

Existing systems, such as the [Interactive Customer Evaluation \(ICE\)](#) application, may field some TRICARE access-related complaints, but they are used infrequently, lack consistency in how submissions are handled, and have few reporting mandates. The establishment of a complete, transparent reporting platform will offer beneficiaries the tool they need to ensure their service-earned benefit is fully provided.

2. Send this “VFW Action Alert” to your Congressional Senators and Representatives (VFW):



Dear VFW Members and Supporters,

Some combat-injured service members were forced to leave the military early because of serious injuries. Even though they served honorably, they do not receive the full military retirement they earned.

Under current law, their military retirement pay is reduced because they also receive VA disability benefits. This means veterans injured in combat lose part of the retirement they earned through years of service simply because they were hurt while serving our country.

The Major Richard Star Act would fix this unfair treatment. But right now, the bill cannot move forward unless Congress takes the next step.

At this stage, only the Armed Services Committees can act. These committees decide whether this bill gets a hearing, and without a hearing a bill can stall even when it has strong support.

Although this legislation advanced in the last Congress, it never received a public hearing where veterans and experts could testify and members could ask questions on the record. As a result, concerns about the bill have continued to be discussed privately instead of publicly examined.

When you take action today, your message will be sent to your own member of Congress and matched to their role, whether they already support the bill, need to be asked to support it, or serve on the committee that can help secure a hearing.

TAKE ACTION

This is how voices are heard in Congress. By speaking up now, you are helping push this bill toward real consideration and helping ensure combat-injured veterans are treated fairly.

Yours in comradeship,
Nancy Springer
Acting Director
VFW National Legislative Service

Click the link below to log in and send your message:

<https://www.votervoice.net/BroadcastLinks/T8usnfAQ9tb5X2ZBmGNeTw>

3. Disability Ratings Review (FRA): The House Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs held a hearing to examine the Department of Veterans Affairs' ongoing effort to modernize the VA Schedule for Rating Disabilities. Originally established in 1945, the rating

schedule determines tax free monthly compensation for service-connected disabilities. Lawmakers from both parties expressed concern that the decades old framework has not kept pace with modern medicine, evolving warfare, or the needs of today's Veteran population.

VA officials testified that revisions to most body systems have been completed, with updates to remaining systems expected by fiscal year 2026. The department outlined efforts to replace subjective rating criteria with more objective medical standards and acknowledged the complexity of coordinating internal and external reviews. Members of Congress raised bipartisan concerns about delays, limited transparency, and insufficient Veteran and stakeholder input during the rulemaking process, warning that prolonged timelines could result in inconsistent ratings and reduced trust in the system.

Outside witnesses, including representatives from the Government Accountability Office, RAND Corporation, and Veteran advocacy organizations, emphasized the need for updated earnings loss data, improved data sharing, and greater inclusion of diverse Veteran populations. Witnesses noted that outdated studies and institutional silos may contribute to inequities in compensation, particularly for post 9 11 Veterans, women Veterans, and those affected by traumatic brain injury, toxic exposures, and military sexual trauma.

The Fleet Reserve Association closely monitors VA disability policy and plans to propose targeted changes to VA reform efforts during an upcoming joint session of the House and Senate Veterans' Affairs Committees. FRA supports modernization of the rating schedule that is transparent, data driven, and informed by Veteran input, while

preserving the integrity of earned benefits and ensuring no Veteran is disadvantaged during the transition.

Lawmakers concluded the hearing by reaffirming bipartisan support for reforming the disability rating schedule and signaled continued oversight to ensure modernization efforts remain focused on fairness, accuracy, and accountability for Veterans and their families.

4. Veterans Hear Hearing Drug (MOAA):

The House Committee on Veterans' Affairs Health Subcommittee convened a hearing on to examine 12 bipartisan bills aimed at improving mental health access, addressing opioid misuse, and closing gaps in care for the nation's 18 million Veterans. Lawmakers highlighted persistent challenges, including provider shortages in rural areas and elevated suicide rates, while emphasizing the need for coordinated, evidence-based solutions within the Department of Veterans Affairs health system.

Much of the discussion focused on legislation addressing mental health, addiction, and traumatic brain injury. Several proposals would expand pilot programs and grants to nonprofit providers, while others seek to study outcomes between VA and non VA care. Some members raised concerns that grant heavy approaches could divert resources from VA direct care and create duplicative programs with limited oversight. VA officials generally supported measures that improve data collection and quality comparisons but cautioned against policies that could fragment care delivery.

A key focus of the hearing was the No PAIN for Veterans Act, which would require VA to cover all FDA approved non opioid pain treatments, aligning VA coverage with

Medicare and TRICARE. Supporters argued the bill would expand access to safer pain management options and reduce reliance on opioids, particularly for Veterans with chronic conditions. VA leadership expressed concerns related to formulary management and cost controls, while noting that FDA approved treatments remain accessible through existing authorization processes.

The Fleet Reserve Association submitted written testimony in support of the No PAIN for Veterans Act, emphasizing the need for comprehensive and effective pain management alternatives for Veterans. FRA highlighted the legislation as a meaningful step toward reducing opioid dependence and improving quality of life, consistent with the Association's long standing advocacy for Veteran centered health care reforms. The hearing concluded with broad bipartisan agreement that Congress must continue advancing policies that strengthen VA care, protect patient safety, and ensure Veterans receive timely access to high quality treatment across the full continuum of care.

5. Upcoming Committee Hearings - (FRA):

Hal Note: The following are links to the Senate and House Committees websites concerning updating Veterans Disability Compensation amounts to be used because the last time they were updated was in 1945. These changes will affect future disabled veterans and may affect those presently receiving service connection ratings. The committees were discussing VA Disability Ratings for: (a) Mental Health, (b) Tinnitus, and (c) Sleep Apnea. I encourage all of you to visit each of the websites to see what is going on in each of the committees and for you to pick out a subject you may be interested in and "Grab a Root and Howl" as

my brother used to say. “The squeaky wheel gets all the attention!”

1. House Veterans Affairs Committee (HVAC) https://veterans.house.gov/calendar/
2. Senate Veterans Affairs Committee (SVAC) https://www.veterans.senate.gov/hearings
3. House Armed Services Committee (HASC) https://armedservices.house.gov/calendar/
4. Senate Armed Services Committee (SASC) https://www.armedservices.senate.gov/hearings/

Veterans who served at Edgewood Arsenal Base between 1955-1975

7. Veterans Health Update: Hearing Loss – (VHA): Army Veteran Kevin McGovern couldn't hear out of his left ear, even with hearing aids. It was interfering with his critical work supervising a 911 call center. Working with VA audiologists, McGovern underwent cochlear implant surgery. “I went back to work same day as the surgery. I had people come into my office to talk to me. It was amazing to be able to hear and understand their speech.”

Schedule a hearing test with the VA

Did You Year That?

For years, Army Veteran Kevin McGovern's answer to that question would be a resounding no.

The 67-year-old's hearing loss not only affected his ability to communicate with his family and friends but also to hear critical information over the dispatch while supervising the Kankakee County 911 center. “Hearing loss made things more challenging,” said McGovern. “There were times when I had to bring in a natural listener at work and have them confirm what I heard over the dispatch.”

McGovern recalled not being able to hear out of his left ear despite wearing hearing aids. When watching television with his wife one night, he cleaned and replaced the left aid as well as changed the receiver, but nothing helped.

6. Veterans Health Update: Military

Exposures - (VHA) The latest issue of the annual Agent Orange Newsletter is now available online at <https://www.publichealth.va.gov/exposures/publications/agent-orange/agent-orange-2025/index.asp>. This newsletter provides information for Vietnam Veterans and their families.

In this issue, read about:

- Update your mailing address with VA
- Join the Camp Lejeune Historic Drinking Water Notification Database
- How to File a VA Disability Claim
- Vietnam Veterans - Exposures, Health Issues, and Benefits
- Managing Chronic Pain
- The Herbicide Agent Blue
- Housing and Care Resources for Senior Veterans

He then decided to seek help from Edward Hines, Jr. VA Hospital audiologists, specifically Dr. Stacey Sturgulewski, who suggested he proceed with getting cochlear implants. In July 2022, McGovern underwent cochlear implant surgery for his left ear and could understand speech following the implant activation.

“I went back to work same day as the surgery,” said McGovern. “I had people come into my office to talk to me. It was amazing to be able to hear and understand their speech.”

Over time, McGovern began to comprehend sounds he didn’t remember hearing before, such as the icemaker, dishwasher and garbage truck. Due to the success of his first cochlear implant, he obtained his right implant in May 2023. Following the procedure, McGovern said he felt even more confident in personal and professional communication situations.

Research helps with hearing loss
As a result, he has used his newfound hearing to partake in educational research. McGovern participated in a hearing study at the University of Illinois where engineering students were studying how you process sounds. He recently accepted an invitation from Purdue University to undergo a study examining how those with hearing devices process speech.

McGovern credits his experience with Hines VA’s audiology clinic as lifechanging. “Communication can be hard with natural ears and, when you take that way, it is even harder,” said McGovern. “Getting this cochlear implant technology has allowed me

to reengage with my family, friends and professional world.”

McGovern’s experience is the reason Dr. Sturgulewski wakes up every day.

“When I work with cochlear implant patients, I see the dramatic difference in their quality of life, and when we can offer them an implantable option that gives them that access back to being able to communicate with their friends and family, it is so motivating.”

The positive difference cochlear implants made in McGovern’s life has prompted him to encourage other Veterans experiencing hearing loss to seek help from the Hines audiology team.

“I would encourage anyone struggling to hear and who thinks they may have hearing issues to go through the testing process with their audiologist,” said McGovern.

It’s never too late to apply for VA health care you’ve earned. If you are a Veteran or know a Veteran who has not yet applied for their VA health care benefits, learn how to get started.