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Concurrent Receipt and Disability Ratings in the Take Care of America's Veterans Act

An analysis of H.R. 9237 as passed by the House, drawing on the bill texts, cost estimates, rulemaking record, and floor debate

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Summary

H.R. 9237, the Take Care of America's Veterans Act (TCAVA), combines 62 component bills into one veterans package.[1] It spans benefits, health care, education, and management of the Department of Veterans Affairs (VA). The House passed it by voice vote on November 11, 2026, after a July motion to recommit failed, 210 to 211.[2] Section 101 contains a capped version of the Major Richard Star Act (Star Act).[3] Section 108, the offset sponsors identify, would write VA's 2022 proposed sleep apnea and tinnitus criteria into statute.[4] On November 12, the House passed the stand-alone Star Act, H.R. 2102, without that cap, 392 to 18.[5] The often-cited $57 billion figure is VA's 2022 savings estimate for its full proposed rule, not the package's cost.[6]

KEY FIGURES

210 to 211. Motion to recommit, July 16, 2026. It would have struck section 108 and the loan-fee increase, substituting a rescission of unobligated defense funds.[7]

About 58,000. Disability (Chapter 61) retirees with fewer than 20 years receiving Combat-Related Special Compensation (CRSC), September 2025. The Congressional Budget Office (CBO) cites this Defense Department actuarial count and projects about 65,000 by 2036.[8]

$12.75 billion. CBO estimate of direct spending for H.R. 2102 as passed, 2027-2036. CBO also projects $7.45 billion in intragovernmental accrual payments. The estimate does not cover TCAVA section 101.[9]

$57.1 billion. VA's 2022 estimate of savings from its full proposed rule, fiscal years (FY) 2022-2031. Sleep apnea accounts for $40.7 billion and tinnitus for $15.5 billion. It is not a CBO score of section 108.[10]

0.50 to 1.42 percent. VA funding fee on interest rate reduction refinancing loans. Section 104(b) raises it, effective October 1, 2026, in the House text. The loan assumption fee rises from 0.50 to 1.0 percent.[11]

1. Legislative Status

House and Senate Veterans' Affairs chairmen Mike Bost (R-IL) and Jerry Moran (R-KS) introduced the bills on June 10, 2026.[12] H.R. 9237 has 30 cosponsors, all Republicans, and no committee reported it.[13]

The Rules Committee reported a closed rule, H. Res. 1423, that deemed adopted a Bost amendment printed in its report.[14] The House adopted the rule 215 to 211 on July 14.[15] The committee summarized the amendment as technical edits, but it also changed effective and applicability dates in sections 101, 104, and 108.[16]

Floor consideration began July 16 with one hour of debate.[17] A motion to recommit from Representative Chris Deluzio (D-PA) failed 210 to 211; proceedings were then postponed under clause 1(c) of rule XIX.[18] The House resumed consideration on November 11 and passed the bill by voice vote.[19]

The stand-alone Star Act advanced separately. Ranking Member Mark Takano (D-CA) filed a discharge petition on H. Res. 1247, the rule for H.R. 2102, on May 21.[20] It reached 218 signatures on September 15.[21] The House discharged the rule 245 to 175 on November 11 and adopted it 271 to 135 on November 12.[22] H.R. 2102 has 342 cosponsors.[23]

In the Senate, S. 4744 has been on the calendar since June 11.[24] Unanimous consent requests to pass the stand-alone Star Act (June 17) and competing versions of TCAVA (July 29) drew objections.[25]

2. What the Bill Does

The House-passed text has six titles.

Title I, Compensation. Section 101 contains the Star Act provision analyzed below. Section 102 ends the loss of Dependency and Indemnity Compensation (DIC) and Survivor Benefit Plan annuities upon remarriage before age 55. Section 104 adds $833.33 a month for veterans eligible for aid and attendance under 38 U.S.C. § 1114(r) or (t). It also raises DIC by the cost-of-living adjustment plus one percentage point for three annual adjustments. Section 105 revises claims and appeals procedures, including class certification and limited remands at the U.S. Court of Appeals for Veterans Claims (CAVC).[26] Section 108 codifies the rating changes discussed below.

Title II, Education and Economic Opportunity. It revises education benefit and transition assistance rules and increases first-year GI Bill payments for apprenticeships and on-the-job training.[27]

Title III, Health Care. It reauthorizes the Staff Sergeant Parker Gordon Fox suicide prevention grant program, with $200 million in total for FY2027-2029. It authorizes facility projects in Manchester, New Hampshire ($1.18 billion), and Indianapolis ($1.64 billion), plus land acquisition in San Antonio ($30 million). New 38 U.S.C. § 8107 bars VA from withholding construction and lease records from the Veterans' Affairs Committees solely as predecisional or deliberative.[28]

Title IV, Organization. It appropriates $500 million in FY2026 funds, available through September 30, 2031, for VA information technology. It also creates an Under Secretary for Management and Chief Financial Officer and restructures acquisition management.[29]

Title V, Memorial Affairs. It removes a 1998 date limit on certain memorial headstone eligibility and creates the Fallen Servicemembers Religious Heritage Restoration Program.[30]

Title VI, Veterans' Assuring Critical Care Expansions to Support Servicemembers. Section 601 writes community care access standards into statute: 30 minutes' average drive and 20 days for primary and mental health care. Specialty care uses 60 minutes and 28 days. After eight years, VA could adopt different standards only if Congress enacts a joint resolution of approval. It sets 48-hour screening and priority-admission standards for residential mental health treatment. It also moves VA psychologists to full title 38 status and requires 60 days' notice before any reduction in force. Section 671 authorizes VA clinicians to prescribe controlled substances by telemedicine through September 30, 2031.[31]

3. The Major Richard Star Act

3.1 Current Law

Federal law has barred full concurrent receipt of military retired pay and VA disability compensation since 1890.[32] Under 38 U.S.C. §§ 5304-5305, a retiree who receives compensation waives an equal amount of retired pay.[33] Congress enacted two exceptions beginning in 2002.[34] Concurrent Retirement and Disability Pay (CRDP) covers retirees with at least 20 years and a VA rating of 50 percent or more.[35]

CRSC pays retirees with combat-related disabilities up to the amount of the offset, regardless of service length or rating.[36]

Chapter 61 retirees are members retired for disability under chapter 61 of title 10.[37] Their retired pay is the retired pay base times, as the member elects, the service multiplier or the disability percentage up to 75 percent.[38] The multiplier is 2.5 percent per year of service, or 2.0 percent under the modernized retirement system. That system covers members who joined on or after January 1, 2018, or elected it.[39] For Chapter 61 retirees below 20 years, CRSC may not lift CRSC plus residual retired pay above the years-of-service amount.[40] CBO notes that this rule significantly limits payments to severely injured retirees with short careers.[41]

3.2 Who Is Affected

CBO reports that in September 2025, about 58,000 Chapter 61 retirees with fewer than 20 years received CRSC.[42] Their average offset was about $2,275 a month, against average CRSC of about $825.[43] Committee releases have cited about 54,000 to more than 60,000 affected veterans.[44]

3.3 Three Versions

The texts differ in coverage, cap, and cost.

TABLE 1. THREE VERSIONS OF THE MAJOR RICHARD STAR ACT

VERSION	COVERAGE AND TREATMENT	CBO DIRECT SPENDING
H.R. 2102 as introduced (March 14, 2025)[45]	Combat-related Chapter 61 retirees, with full concurrent receipt. CBO read it to extend CRDP to Chapter 61 retirees under 20 years.[46]	$78.1 billion, 2026-2036[47]
H.R. 2102 as passed (November 12, 2026)[48]	Chapter 61 retirees under 20 years eligible for CRSC. Retired pay is not offset, with no cap.[49]	$12.75 billion, 2027-2036[50]
TCAVA section 101 (House-passed, November 11, 2026)[51]	Combat-related Chapter 61 retirees. Under 20 years: the lesser of full receipt or the 20-year amount. Career retirees under CRDP's 50 percent threshold: longevity retired pay plus compensation.	Not available as of the July 15, 2026 statement of the Office of Management and Budget (OMB)[52]

Note: CBO estimates cover different budget windows, as shown. Sources are given in the notes.

3.4 How Section 101 Works

Section 101 replaces 10 U.S.C. § 1414(b)(2), which now excludes Chapter 61 retirees with fewer than 20 years from CRDP.[53] A retiree in that group with a combat-related disability may receive the lesser of two sums.[54] The first is full Chapter 61 retired pay plus VA compensation. The second is retired pay computed as if the member had 20 years of service, plus VA compensation. That 20-year amount is generally 50 percent of the retired pay base, or 40 percent under the modernized retirement system.[55] The cap therefore binds only when the retiree's Chapter 61 percentage exceeds that figure. Chairman Bost described the limit as payment "up to what a 20-year retiree with the same disabilities would receive."[56]

Consider a retiree under the 2.5 percent multiplier with 10 years of service and Chapter 61 retired pay of 70 percent of base. Current law bars CRSC from raising the total of CRSC and residual retired pay above 25 percent of base.[57] H.R. 2102 as passed would end the offset, so the retiree keeps the full 70 percent plus VA compensation.[58] Section 101 would pay the lesser sum: 50 percent of base plus VA compensation.[59] Retirees at or below the 20-year percentage would receive the same amount under either bill.

3.5 Career Retirees, Election, and Timing

Section 101 also covers Chapter 61 retirees with at least 20 years whose combat-related disability does not meet CRDP's 50 percent rating threshold.[60] They could receive longevity retired pay plus VA compensation, mirroring CRDP's treatment of career retirees.[61] Twenty years of qualifying reserve service under 10 U.S.C. §§ 12732-12733 also counts.[62] Retirees eligible for both CRSC and a section 101 payment must elect one, using the annual open season in current § 1414(d).[63] Payments would apply to months beginning on or after enactment; the introduced text used January 1, 2027.[64]

3.6 Cost Evidence

Two provisions account for almost all of the $65 billion gap between CBO's two estimates for H.R. 2102.[65] Extending CRDP to about 255,000 Chapter 61 retirees with under 20 years who were not receiving CRSC accounted for about $63 billion.[66] Removing the CRDP cap for career Chapter 61 retirees accounted for about $2 billion.[67] *Military Times* reported that staff for Senator Richard

Blumenthal (D-CT) understood the revisions to target about 1,124 more retirees; CBO reaffirmed its estimate.[68] The House-passed H.R. 2102 returns to the narrower H.R. 1282 text (118th Congress), which CBO scored at $9.75 billion over 2023-2033.[69]

3.7 Two House-Passed Texts

Section 101 rewrites 10 U.S.C. § 1414(b) and caps receipt at the 20-year amount; H.R. 2102 amends § 1413a(b)(3)(B) without a cap.[70] Neither text addresses the other.

4. Section 108: Sleep Apnea and Tinnitus Ratings

4.1 The Statutory Criteria

Section 108 directs VA to revise the rating schedule under 38 U.S.C. § 1155 for two conditions.[71] For sleep apnea, it sets four levels: 0 percent if asymptomatic, with or without treatment, and 10 percent if treatment yields incomplete relief. A 50 percent rating requires ineffective treatment, or inability to use treatment because of comorbid conditions, without end-organ damage. A 100 percent rating also requires end-organ damage. For tinnitus, it bars a separate compensable rating, except 10 percent when diagnosed as associated with otherwise noncompensable service-connected hearing loss.

Under current Diagnostic Code (DC) 6847, a required breathing assistance device, such as a continuous positive airway pressure (CPAP) machine, supports 50 percent.[72] Persistent daytime hypersomnolence supports 30 percent, a level the bill eliminates. DC 6260 now provides a single 10 percent rating for recurrent tinnitus, whether in one ear, both ears, or the head.[73]

4.2 Origin in the 2022 Proposed Rule

These criteria track VA's February 2022 proposed rule (Regulation Identifier Number 2900-AQ72).[74] VA argued that the current sleep apnea criteria evaluate the treatment prescribed rather than the impairment.[75] It treated tinnitus as a symptom of an underlying condition rather than an independent disease.[76] Unlike the proposal, section 108 does not tie ineffective treatment or incomplete relief to a sleep study.[77] Its

comorbidity definition likewise refers to treatment normally shown to be effective, not effective in the veteran's case.[78]

4.3 Rulemaking Status

VA has published no final rule under that identifier as of November 12, 2026.[79] A 2024 supplemental proposal added constrictive bronchiolitis and stated that VA would address all comments in the final rulemaking.[80] In January 2026, VA testified that it anticipated final rules for its four remaining body systems by the end of FY2026.[81] VA's press secretary later told *Military Times* that no changes were planned or imminent. The press secretary added that the proposal would need significant changes before finalization.[82] On July 16, Chairman Bost told the House that VA officials had confirmed that morning their plans to proceed.[83] Ranking Member Takano countered that a VA spokesperson had disclaimed any plan to act on the rule.[84]

4.4 Applicability and Protections

The House text applies the new criteria to claims filed on or after October 1, 2026, a date that preceded House passage.[85] The introduced bill and S. 4744 instead reach claims filed after enactment.[86] The revisions may not reduce, discontinue, or otherwise adversely affect compensation in effect the day before enactment.[87] Separately, 38 U.S.C. § 1155 bars schedule readjustments from reducing existing ratings absent improvement.[88] Disabled American Veterans (DAV) has argued that the changes would also apply to reassessments and reevaluations of existing claims.[89]

4.5 Scope

VA's 2022 analysis assumed both changes would apply to new claimants and to veterans seeking increased ratings.[90] It projected cumulative affected caseloads by FY2031 of 442,843 for sleep apnea and 995,579 for tinnitus.[91] VA counted each diagnostic code separately, so the combined total of 1,456,976 may count some veterans twice.[92] The figure of 1.5 million veterans used by opponents tracks that combined total.[93]

5. Costs and Offsets

Sponsors describe the package as fully paid for by codifying elements of the 2022 proposal.[94] The House text also raises VA loan fees, the other provision the motion to recommit would have struck.[95]

The $57.1 billion figure comes from VA's January 2022 regulatory impact analysis of the entire proposed rule.[96] It covers FY2022-2031 and assumed implementation beginning in FY2022. Sleep apnea and tinnitus account for $40.7 billion and $15.5 billion; asthma and other codes add about $2.4 billion in costs.[97] The remaining $3.3 billion reflects projected savings in VA medical care as veterans' enrollment priorities shift, net of added contract examination costs.[98] It is neither a CBO estimate nor a projection for a window beginning at enactment.

OMB said on July 15 that a final score was not yet available.[99] Neither the July 16 floor debate nor the Rules Committee report cites a CBO estimate for H.R. 9237.[100]

Supporters argue that if VA finalizes the rule administratively, the savings would revert to the Treasury instead of funding benefits.[101] Opponents respond that VA never finalized the proposal and has signaled no imminent action.[102] House and Senate Democrats proposed rescinding unobligated defense funds from Public Law 119-21 as the offset instead.[103] Senator Moran's office said CBO found this would not be a viable offset; Senator Blumenthal said CBO confirmed it would produce the needed savings.[104] Neither release attaches a CBO document.

6. Positions

Administration. OMB's statement backs the bill's priorities and anticipates working with Congress on passage. It flags concerns about the CAVC provisions and requests for documents protected by executive privilege, without a veto threat.[105]

Committee leaders. Bost argued that the bill would "codify VA's own pending regulation" and would not automatically reduce any current rating.[106] Takano called it "the largest cut to veterans' benefits ever."[107]

Supporting organizations. A June 29 letter from 23 organizations, including the American Legion and Wounded Warrior Project, supports advancing the bill. The letter calls legislated rating changes a nonstandard path and urges no retroactive harm and prospective application only.[108] The American Legion's national commander argued that, without the bill, the rule's savings would flow to the Treasury rather than veterans.[109]

Opposing organizations. In a June 24 letter, DAV, the Veterans of Foreign Wars (VFW), and seven other groups opposed the funding mechanism. They argued that rewriting ratings by statute would invite future Congresses to cut benefits the same way.[110] After House passage, DAV and VFW criticized the use of a voice vote.[111]

Labor unions. Twenty-two unions, including the American Federation of Government Employees, oppose the bill. They object to the offset, the codified community care standards, and the shift of VA psychologists to full title 38 status. They say the psychologist change removes Merit Systems Protection Board appeal rights.[112]

Senators. On June 17, 46 senators, with Blumenthal as first signatory, urged VA to abandon the proposed rule and opposed TCAVA's codification of it.[113]

7. Outlook and Watch Items

Senate path. S. 4744 is on the calendar but tracks the introduced House text, not the House-passed version.[114] Absent unanimous consent, Senate passage would likely need 60 votes to overcome a filibuster.[115]

Calendar. The 119th Congress ends at noon on January 3, 2027; unenacted bills then lapse.[116]

Dates already passed. Both October 1, 2026 dates in the House text, for section 108 claims and the loan-fee increase, precede any possible enactment.[117]

Competing Star Act texts. The Senate could take up section 101, H.R. 2102, or neither. The cap matters for retirees whose Chapter 61 percentage exceeds the 20-year multiplier.

VA rulemaking. Whether VA finalizes the 2022 proposal on its own remains unresolved; supporting organizations have asked the administration to clarify.[118]

Budget score. A published CBO estimate for H.R. 9237 would show how scorekeepers treat the section 108 offset.

Notes

1. Senate Committee on Veterans' Affairs 2026.
2. 172 Cong. Rec. D1014 (daily ed. Nov. 11, 2026); Office of the Clerk, U.S. House of Representatives 2026b.
3. H.R. 9237, 119th Cong. § 101 (as passed by House, Nov. 11, 2026).
4. *Id.* § 108; Senate Committee on Veterans' Affairs 2026.
5. Office of the Clerk, U.S. House of Representatives 2026e.
6. Department of Veterans Affairs 2022, 2.
7. 172 Cong. Rec. H4613 (daily ed. July 16, 2026); Office of the Clerk, U.S. House of Representatives 2026b.
8. Congressional Budget Office 2026b, 3.
9. Congressional Budget Office 2026b, 1-2.
10. Department of Veterans Affairs 2022, 7, 9.
11. H.R. 9237 § 104(b) (as passed by House); 38 U.S.C. § 3729(b)(2) (2024).
12. House Committee on Veterans' Affairs Majority 2026a.
13. Library of Congress 2026b; H.R. Rep. No. 119-749, at 3 (2026).
14. H.R. Rep. No. 119-749, at 2.
15. Office of the Clerk, U.S. House of Representatives 2026a.
16. H.R. Rep. No. 119-749, at 7, 11-14.
17. 172 Cong. Rec. H4548, H4605.
18. 172 Cong. Rec. H4614-15 (daily ed. July 16, 2026).
19. 172 Cong. Rec. H6171 (daily ed. Nov. 11, 2026); 172 Cong. Rec. D1014.
20. Library of Congress 2026c.
21. House Committee on Veterans' Affairs Minority 2026.
22. Office of the Clerk, U.S. House of Representatives 2026c, 2026d.
23. Library of Congress 2026a.
24. Library of Congress 2026d.
25. Senate Committee on Veterans' Affairs Minority 2026b; Senate Committee on Veterans' Affairs Majority 2026; Senate Committee on Veterans' Affairs Minority 2026a.
26. H.R. 9237 §§ 101, 102, 104(a)(1), 104(a)(2), 105(b)(5) (as passed by House).
27. *Id.* §§ 201-211.
28. *Id.* §§ 306, 330-332, 330(b).
29. *Id.* §§ 401, 402-403.
30. *Id.* §§ 501, 503.
31. *Id.* §§ 601, 631, 642, 671.

32. Congressional Budget Office 2023, 2.
33. 38 U.S.C. § 5305 (2024); 38 U.S.C. § 5304(a)(1) (2024).
34. Congressional Budget Office 2023, 3.
35. 10 U.S.C. § 1414(a)-(b) (2024); Congressional Budget Office 2026b, 3.
36. 10 U.S.C. § 1413a(a)-(c) (2024); Congressional Budget Office 2026b, 3.
37. Congressional Budget Office 2026b, 2.
38. 10 U.S.C. § 1401(a) (2024).
39. 10 U.S.C. § 1409(b)(1), (b)(4) (2024).
40. 10 U.S.C. § 1413a(b)(3)(B).
41. Congressional Budget Office 2026b, 3.
42. Congressional Budget Office 2026b, 3.
43. Congressional Budget Office 2026b, 4.
44. House Committee on Veterans' Affairs Majority 2026a, 2026b.
45. H.R. 2102, 119th Cong. § 2 (as introduced, Mar. 14, 2025).
46. Congressional Budget Office 2026b, 5.
47. Congressional Budget Office 2026a, 1.
48. H.R. Res. 1247, 119th Cong. § 1 (2026) (setting out the substitute text of H.R. 2102 that the House passed).
49. Congressional Budget Office 2026b, 2-3.
50. Congressional Budget Office 2026b, 1.
51. H.R. 9237 § 101 (as passed by House).
52. Office of Management and Budget 2026.
53. 10 U.S.C. § 1414(b)(2).
54. H.R. 9237 § 101(a) (as passed by House).
55. 10 U.S.C. § 1409(b)(1), (b)(4).
56. 172 Cong. Rec. H4606 (statement of Rep. Bost).
57. 10 U.S.C. § 1413a(b)(3)(B); 10 U.S.C. § 1409(b)(1).
58. H.R. Res. 1247 § 1.
59. H.R. 9237 § 101(a) (as passed by House).
60. *Id.*
61. 10 U.S.C. § 1414(b)(1).
62. H.R. 9237 § 101(a) (as passed by House).
63. 10 U.S.C. § 1414(d); H.R. 9237 § 101(b)(1) (as passed by House).
64. H.R. 9237 § 101(c) (as passed by House); H.R. 9237, 119th Cong. § 101(c) (as introduced, June 10, 2026).
65. Congressional Budget Office 2026b, 5.
66. Congressional Budget Office 2026a, 4.

67. Congressional Budget Office 2026a, 4-5.
68. Oliverio 2026b.
69. H.R. 1282, 118th Cong. § 2 (2023); Congressional Budget Office 2023, 1; H.R. Res. 1247 § 1.
70. H.R. 9237 § 101(a) (as passed by House); H.R. Res. 1247 § 1.
71. H.R. 9237 § 108(a)-(b) (as passed by House).
72. 38 C.F.R. § 4.97, Diagnostic Code 6847 (2025).
73. 38 C.F.R. § 4.87, Diagnostic Code 6260 (2025).
74. Schedule for Rating Disabilities: Ear, Nose, Throat, and Audiology Disabilities; Special Provisions Regarding Evaluation of Respiratory Conditions; Schedule for Rating Disabilities: Respiratory System, 87 Fed. Reg. 8474 (proposed Feb. 15, 2022) (to be codified at 38 C.F.R. pts. 3, 4).
75. *Id.* at 8478.
76. *Id.* at 8480.
77. *Id.* at 8493.
78. H.R. 9237 § 108(a)(2) (as passed by House); 87 Fed. Reg. at 8493.
79. Office of the Federal Register 2026.
80. Schedule for Rating Disabilities: Ear, Nose, Throat, and Audiology Disabilities; Special Provisions Regarding Evaluation of Respiratory Conditions; Schedule for Rating Disabilities: Respiratory System, 89 Fed. Reg. 74162 (proposed Sept. 12, 2024) (supplemental notice of proposed rulemaking).
81. Tann 2026, 2.
82. Oliverio 2026c.
83. 172 Cong. Rec. H4608 (statement of Rep. Bost).
84. *Id.* at H4608 (statement of Rep. Takano).
85. H.R. 9237 § 108(c)(1) (as passed by House).
86. H.R. 9237 § 108(c)(1) (as introduced); S. 4744, 119th Cong. § 108(c)(1) (placed on calendar, June 11, 2026).
87. H.R. 9237 § 108(c)(2) (as passed by House).
88. 38 U.S.C. § 1155 (2024).
89. Disabled American Veterans 2026a.
90. Department of Veterans Affairs 2022, 6, 8.
91. Department of Veterans Affairs 2022, 7, 9.
92. Department of Veterans Affairs 2022, 3, 5.
93. Disabled American Veterans 2026a.
94. Senate Committee on Veterans' Affairs 2026.
95. H.R. 9237 § 104(b) (as passed by House); 172 Cong. Rec. H4613.
96. Department of Veterans Affairs 2022, 2-3.
97. Department of Veterans Affairs 2022, 7, 9, 10-11, 15.
98. Department of Veterans Affairs 2022, 3, 17.

99. Office of Management and Budget 2026.
100. 172 Cong. Rec. H4605-13; H.R. Rep. No. 119-749.
101. American Legion et al. 2026; 172 Cong. Rec. H4606 (statement of Rep. Bost).
102. 172 Cong. Rec. H4609-10 (letter of June 24, 2026, from DAV et al.).
103. *Id.* at H4613; Senate Committee on Veterans' Affairs Minority 2026a.
104. Senate Committee on Veterans' Affairs Majority 2026; Senate Committee on Veterans' Affairs Minority 2026a.
105. Office of Management and Budget 2026.
106. 172 Cong. Rec. H4606 (statement of Rep. Bost).
107. *Id.* at H4607 (statement of Rep. Takano).
108. American Legion et al. 2026.
109. Wiley 2026.
110. 172 Cong. Rec. H4609-10 (letter of June 24, 2026, from DAV et al.).
111. Disabled American Veterans 2026b; Veterans of Foreign Wars of the United States 2026.
112. AFL-CIO et al. 2026.
113. Blumenthal et al. 2026.
114. S. 4744; H.R. 9237 (as introduced).
115. Oliverio 2026a.
116. U.S. Const. amend. XX, § 1.
117. H.R. 9237 §§ 104(b)(2), 108(c)(1) (as passed by House).
118. American Legion et al. 2026.

About This Report

Agard Research Associates Inc. (ARA) is a nonpartisan, nonprofit research institute based in New Jersey. This brief neither supports nor opposes any political party, candidate, or piece of legislation. It presents the stated purposes of the provisions analyzed alongside the documented record. Citations follow the American Political Science Association's Style Manual for Political Science (Revised 2018 Edition), with legal authorities cited in Bluebook form (22nd ed. 2025). The sectioned list of references is published as a companion document.

This brief provides general information only and does not constitute legal advice. All statements of legislative and regulatory status are current as of November 12, 2026, and are subject to the developments identified in Section 7.

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