



2026 Team Packet

Elevator Pitches and Abbreviated Background

The following elevator pitches summarize MOAA's ask and some key facts for each of our four AiA issues. A brief explanation is ideal for visits where a lawmaker has time for a greeting and a handshake but not the time for a full meeting.

Major Richard Star Act

WHY IT MATTERS:

Medically retired, combat-injured servicemembers lose some or all of their earned retirement pay due to an unjust offset with VA disability compensation. Correcting this injustice restores fairness, honors the sacrifice of wounded warriors, and strengthens trust in the all-volunteer force.

KEY FACTS:

- Medically retired, combat-injured veterans face a dollar-for-dollar offset between retirement pay and VA disability compensation.
- Retirees with 20-plus years and a 50% or higher disability rating qualify for concurrent receipt; medically retired veterans do not.
- Approximately 54,000 combat-injured veterans receive Combat-Related Special Compensation (CRSC) but are ineligible for Concurrent Retirement and Disability Pay (CRDP); nearly half this population served over 10 years and would benefit from having the option to choose between CRSC or CRDP.
- CRSC is insufficient because it does not fully restore the retirement pay lost to the VA compensation offset and requires a separate approval process, leaving many combat-injured retirees still receiving less than the retirement they earned through years of service.

THE ASK:

Pass the Major Richard Star Act (S. 1032/H.R. 2102) to fully restore earned retirement pay to combat-injured retirees and correct this long-standing inequity in military compensation.

Shutdown Fairness Act

WHY IT MATTERS:

Servicemembers continue to serve during government shutdowns without timely guaranteed pay, creating financial hardship and uncertainty for military families and disrupting reserve retirement credit and readiness. Those who defend the nation should not be subject to that insecurity.

KEY FACTS:

- Active duty servicemembers perform their duties during funding lapses without timely guaranteed pay or benefits.
- Reservists must suspend inactive duty training, affecting readiness and retirement credit.
- Military families must still cover essential expenses, including rent, utilities, child care, and commuting, and might rely on loans or outside assistance.
- Government shutdowns are frequent: The first FY 2026 shutdown was ended by the 208th continuing resolution since 1977.

THE ASK:

Pass the Shutdown Fairness Act (S. 3168/H.R. 7137) to ensure uninterrupted pay and benefits for members of the armed forces during funding lapses and to allow reservists to continue training.

GUARD VA Benefits Act

WHY IT MATTERS:

Unaccredited, for-profit “claim sharks” exploit veterans navigating the VA disability system, charging thousands of dollars for services legally available for free through accredited representatives. Restoring accountability ensures veterans receive professional, ethical assistance while protecting the integrity of earned benefits.

KEY FACTS:

- No industry should be allowed to profit by charging service-disabled veterans to access the benefits they earned through their service and sacrifice.
- Only VA-accredited representatives may legally assist veterans with disability compensation claims, and even accredited representatives cannot charge fees for assisting with initial VA disability claims.
- A 2006 change removed the VA’s authority to penalize unaccredited actors charging unauthorized fees. This limits VA enforcement to cease and desist letters, which continue to prove ineffective.
- Dozens of companies market aggressively, charging contingency-style fees that can total tens of thousands of dollars.

THE ASK:

Pass the Governing Unaccredited Representatives Defrauding (GUARD) VA Benefits Act (H.R. 1732) to reinstate penalties for unaccredited agents and protect veterans from predatory claims practices.

Military CARE Act

WHY IT MATTERS:

Servicemembers and beneficiaries at military treatment facilities (MTFs) face persistent access challenges, including appointment shortages, unanswered calls, and referral delays. Providing patients with a standardized digital platform to file and track access issues will bring data, transparency, and accountability to the military health system (MHS) while giving servicemembers and their families a direct voice in identifying access challenges.

KEY FACTS:

- The Pentagon has acknowledged the MHS is destabilized and does not always provide timely access to care, while Congress has noted long-standing access-to-care challenges across the MHS.
- The MHS has access standards to facilitate timely treatment, but compliance varies. Patients are not always referred to the civilian TRICARE network when an MTF cannot provide an appointment within access standards.
- MTF patients cannot readily switch their care to civilian providers even if they encounter access problems because TRICARE policy limits plan changes to certain time frames.
- Without reliable, unfiltered data at the MTF level, Defense Health Agency leaders and Congress lack the visibility needed to identify systemic issues and address fixable problems.

THE ASK:

Cosponsor the Military Care, Access, Reporting, and Evaluation (CARE) Act (H.R. 6796) to provide MTF patients with a standardized digital platform to report and track access issues while bringing data, transparency, and accountability to the MHS.