JUNE 2026

BEYOND THE MAJOR RICHARD STAR ACT

Federal Legislative Efforts to Support Wounded and Disabled Veterans

SoldierStrong Access

For generations, Americans have asked extraordinary sacrifices of the men and women who serve in the Armed Forces. While military service has always carried risks, the post-9/11 era has brought renewed attention to the long-term consequences of combat injuries, traumatic brain injuries (TBI), post-traumatic stress disorder (PTSD), toxic exposures, and service-connected disabilities. Although Congress has enacted significant reforms in recent years, including the landmark Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022, several critical inequities remain.

Among the most prominent legislative efforts to address these shortcomings is the Major Richard Star Act, legislation named after Army Reserve Major Richard Star, a combat-wounded veteran who became a leading advocate for medically retired service members before his death from cancer in 2021. However, the Major Richard Star Act is only one of several federal proposals currently under consideration that seek to improve benefits, healthcare access, research funding, and survivor protections for veterans injured in the line of duty.

> *"The measure of a nation's gratitude is not what it promises wounded veterans, but what it delivers."*

The Major Richard Star Act

The Major Richard Star Act (S.1032/H.R.2102, 118th Congress; reintroduced in subsequent Congresses) seeks to eliminate what many veterans organizations refer to as the "wounded veteran tax." Under current law, military retirees who complete at least 20 years of service may generally receive both military retirement pay and Department of Veterans Affairs (VA) disability compensation through Concurrent Retirement and Disability Pay (CRDP). However, service members who are medically retired due to combat-related injuries before reaching 20 years of service are often required to forfeit a portion of their retirement benefits because of an offset between Department of Defense retirement pay and VA disability compensation.

The legislation would allow combat-injured veterans who were medically retired under Chapter 61 of Title 10, United States Code, to receive both benefits concurrently. Advocacy groups estimate that approximately 50,000 to 60,000 medically retired veterans would be directly affected by the reform. The bill has received bipartisan support and endorsements from major veterans service organizations including the Military Officers Association of America (MOAA), the Veterans of Foreign Wars (VFW), The Military Coalition, Disabled American Veterans (DAV), and The American Legion.

The bill has been sponsored by Senator Richard Blumenthal (D-CT) and Senator Mike Crapo (R-ID) in the Senate, with companion legislation introduced in the House by Representative Gus Bilirakis (R-FL) and Representative Raul Ruiz (D-CA). Supporters argue that combat-injured veterans should not be financially penalized because their injuries prevented them from completing a 20-year military career.

> *"A combat injury should never result in a lifetime reduction of earned retirement benefits."*

For many advocates, the issue is not one of expanding benefits but of correcting a longstanding inequity. Veterans who sacrificed their health in service to the nation should not be forced to choose between disability compensation and retirement benefits they earned through military service.

The Love Lives On Act

Another important proposal affecting military families is the Love Lives On Act (H.R.2481/S.1266, 118th Congress and reintroduced in subsequent Congresses). Sponsored by Representative Richard Hudson (R-NC) and Senator Jerry Moran (R-KS), the legislation addresses inequities affecting surviving spouses of service members and disabled veterans.

Current law can create situations in which surviving spouses lose access to certain educational or survivor benefits if they remarry. The Love Lives On Act would modernize these restrictions and allow surviving spouses greater flexibility in maintaining earned benefits while rebuilding their lives. The legislation has received strong support from the Tragedy Assistance Program for Survivors (TAPS), Gold Star family organizations, and numerous veterans advocacy groups.

Although not focused exclusively on combat injuries, the bill directly impacts families who have lost loved ones due to service-connected disabilities and combat-related conditions.

> *"The sacrifice made by military families does not end when the uniform comes off—or when a loved one is lost."*

Veterans ACCESS Act

The Veterans ACCESS Act has emerged as one of the most significant healthcare-focused legislative proposals affecting disabled veterans. While specific bill numbers have varied by congressional session, the legislation seeks to improve access to VA healthcare and community care options for veterans facing geographic barriers, provider shortages, or lengthy wait times.

The proposal would strengthen healthcare delivery systems, improve appointment scheduling, expand provider networks, and increase accountability within the Veterans Health Administration. For veterans living with catastrophic injuries, amputations, spinal cord injuries, traumatic brain injuries, and chronic service-connected conditions, timely access to specialized medical care can significantly affect long-term outcomes.

Veterans organizations have consistently argued that healthcare access should not depend on a veteran's zip code, and supporters view the legislation as a necessary step toward reducing disparities in care across rural and underserved regions.

> *"A veteran's access to quality healthcare should not be determined by geography."*

Precision Brain Health Research Act

Traumatic brain injury remains one of the signature wounds of the post-9/11 generation. According to the Department of Defense and Department of Veterans Affairs, hundreds of thousands of service members have experienced TBIs ranging from mild concussions to severe neurological trauma.

The Precision Brain Health Research Act seeks to expand federal research into traumatic brain injuries, neurodegenerative disorders, PTSD, and suicide prevention. The legislation has received support from The American Legion and numerous medical research organizations.

The proposal would strengthen collaboration between federal agencies, academic institutions, and healthcare providers to better understand the long-term effects of blast exposure, repeated concussions, and combat-related neurological injuries. Supporters argue that improved research could

lead to earlier diagnosis, more effective treatments, and enhanced disability evaluations for affected veterans.

> *"Invisible wounds are no less devastating than visible ones."*

The bill reflects growing concern regarding the relationship between brain injuries, mental health challenges, substance abuse, homelessness, and veteran suicide.

Freedom to Heal Act

Mental health treatment has become an increasingly important area of veterans policy. The Freedom to Heal Act would expand opportunities for veterans to access innovative and alternative treatments for PTSD, traumatic brain injury, chronic pain, depression, and other service-connected conditions.

The legislation seeks to support research and access to emerging therapies that may complement traditional medical approaches. Proponents argue that many veterans continue to struggle despite conventional treatment protocols and should have access to a broader range of evidence-based therapeutic options.

Supporters point to the continuing veteran suicide crisis as evidence that additional treatment pathways should be explored and evaluated through rigorous scientific research.

> *"When traditional treatments fail, veterans deserve every evidence-based option available."*

Innovative Therapies Centers of Excellence Act

Closely related to the Freedom to Heal Act is the Innovative Therapies Centers of Excellence Act. This proposal would establish specialized VA centers dedicated to researching and delivering innovative treatments for veterans suffering from PTSD, traumatic brain injury, military sexual trauma, and chronic pain.

These centers would function as hubs for clinical research, provider training, and treatment delivery. Veterans advocates argue that concentrating expertise within designated centers could accelerate innovation and improve outcomes for veterans whose conditions have proven resistant to conventional therapies.

The legislation reflects a broader shift toward personalized medicine and specialized care models within the veterans healthcare system.

> *"Innovation in veteran healthcare should move as urgently as the needs of those who served."*

Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program

Named after Army veteran Staff Sergeant Parker Gordon Fox, who died by suicide in 2020, the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program provides funding to community organizations delivering suicide prevention services to veterans.

Congress has considered legislation to permanently authorize and expand the program, recognizing the role that community-based organizations play in reaching veterans who may not regularly engage with the VA healthcare system.

The grant program funds peer support services, crisis intervention programs, outreach efforts, housing assistance initiatives, and other evidence-based interventions aimed at reducing veteran suicide. Many recipients specifically serve veterans struggling with combat-related PTSD, traumatic brain injury, and service-connected disabilities.

> *"Preventing veteran suicide requires meeting veterans where they are, not waiting for them to come to us."*

Toxic Exposure and PACT Act Follow-On Legislation

Although the PACT Act represented the most comprehensive expansion of veterans benefits in decades, Congress continues to consider follow-on legislation aimed at strengthening toxic exposure protections.

These proposals seek to improve exposure tracking, expand presumptive conditions, streamline claims processing, and increase transparency regarding military environmental hazards. Veterans exposed to burn pits, Agent Orange, particulate matter, PFAS contamination, radiation, and other toxic substances stand to benefit from these efforts.

The continuing development of toxic exposure legislation reflects recognition that many service-connected illnesses do not emerge until years or even decades after military service.

> *"The passage of time should never become a barrier to recognizing a service-connected illness."*

Conclusion

The Major Richard Star Act remains the most significant unresolved benefits-equity issue facing combat-injured veterans today. Yet it is part of a broader legislative movement aimed at improving healthcare access, mental health treatment, traumatic brain injury research, survivor benefits, suicide prevention, and toxic exposure protections.

Collectively, these proposals demonstrate a growing bipartisan consensus that veterans injured in the line of duty deserve a system that fully recognizes their sacrifices. Whether through eliminating retirement offsets, expanding access to care, funding innovative therapies, supporting surviving families, or strengthening toxic exposure protections, Congress continues to confront the complex challenges facing America's wounded warriors.

> *"A grateful nation does more than thank its veterans—it fulfills its obligations to them."*

The ultimate measure of any veterans policy is not the number of bills introduced, but whether the nation fulfills its enduring obligation to those who have borne the battle. The legislation currently under consideration represents an important step toward honoring that commitment.

> *"The true cost of war is measured not only on the battlefield, but in how we care for those who return home."*

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