Issues: Take Care of America's Veterans Act (TCAVA)

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Take Care of America's Veterans Act (TCAVA). Introduced in the U.S. House (H.R. 9237) and in the Senate (S. 4744) on June 10, 2026, these are substantially identical companion bills though not exact mirror-image bills.[1]

TCAVA SECTION 101: "Major Richard Star Act" (MRSA). Veterans for Common Sense strongly supports passing the Major Richard Star Act (MRSA) as originally introduced (H.R. 2102, S. 1032). The Taking Care of America's Veterans Act (TCAVA) contains a MRSA variant that poses some concerns:

> The **standalone Major Richard Star Act is broader and simpler** in presentation: sub-20 (years of service) 10 U.S.C. Chapter 61 retirees with combat-related disabilities are brought into 10 U.S.C. § 1414 concurrent receipt, and CRSC is adjusted so there is no duplicative CRSC payment.
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> The **TCAVA version** is more technically engineered: it creates a detailed combat-related Chapter 61 retiree category, adds an explicit payment cap for sub-20 retirees, extends treatment to some 20+ (years of service) Chapter 61 combat-related retirees who may not otherwise meet the ordinary § 1414 50% threshold, and sets a fixed January 1, 2027 effective date.
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> The most significant policy/legal difference is that the **TCAVA version appears to limit sub-20 retirees to a capped "lesser of" formula**, while the standalone version does not state that cap as explicitly.

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[1] *Beyond chamber-specific/procedural differences, the principal substantive difference is that S. 4744 consolidates the Freely Associated States traveling-physician authority into §304, thereby eliminating H.R. 9237's conflicting attempt in §309(b) to enact a second, different 38 U.S.C. §7415. In making that correction, however, the Senate version appears to leave behind at least two technical cross-reference/scope errors in §309 resulting from its restructuring.*

TCAVA SECTION 104(b), *Modification of Waivers of Fees Collected for Housing Loans Guaranteed, Insured, or Made by the Secretary of Veterans Affairs,* **would double to nearly triple specified VA home loan fees.**

Currently, VA home loans offer a streamlined refinance option that is highly advantageous to veterans wishing to take advantage of a lower mortgage interest rate and allow VA home loans to be assumed by another veteran for a small fee. Section 104(b) would instead increase specified veterans' VA home loan funding fees, reducing the financial advantage of these VA loan options for non-exempt veterans:

- Currently, there is a flat funding fee of 0.5% for the Interest Rate Reduction Refinancing Loan (IRRRL). TCAVA **Section 104(b) would nearly triple this refinancing rate to 1.42%**. *Example: on a $400,000 VA streamlined refinance, the funding fee would total $2,000, but under the TCAVA, it would nearly triple to $5,680.*
- For a VA home loan assumption under Section 3714 (38 U.S.C.), the current funding fee is 0.5%. TCAVA **Section 104(b) would double this loan assumption rate to 1.0%.** *Example: on a $400,000 VA home loan assumption, the current funding fee would total $2,000, but under the TCAVA, it would* double *to $4,000.*
- The funding fee is waived for certain veterans, including any veteran receiving VA compensation for a service-connected disability, Purple Heart awardees, certain surviving spouses, and certain others [full list of fee waivers].

TCAVA SECTION 108, *Reforms relating to Department of Veterans Affairs disability ratings*, would **slash future disability ratings and payments to veterans for service-connected sleep apnea and tinnitus**.

On June 22, 2026, Veterans for Common Sense and 14 other groups called on congressional leadership to strike TCAVA's Section 108**,** because slashing disability benefits unacceptably creates so-called "savings" — by cutting benefits for certain deserving veterans to pay for benefits for other equally deserving veterans.

And, as the scientific evidence clearly shows, sleep apnea and tinnitus are disabilities that afflict servicemembers at high rates, with treatment that does not eliminate all associated health effects.

SUPPORTING EVIDENCE — SLEEP APNEA:

- A 2025 VA study found diagnosed sleep apnea was more than **twice as prevalent among veterans (21%) as non-veterans (9%),** and deployment was associated with higher odds of OSA among veterans. [1]
- VA's three post-deployment reports (2015, 2021, and 2025) have shown **higher sleep apnea diagnoses among combat-deployed cohorts versus other VHA**

users, with rates highest among the 1990-1991 Gulf War cohort versus other combat cohorts. [11, 12, 13, 14, 15, 16; VCS analyses available upon request]

- The SAVE Trial found that, while CPAP improved sleepiness and health-related quality of life in patients with established cardiovascular disease, it **did not significantly reduce secondary cardiovascular events** such as myocardial infarction or stroke [2].
- A 2024 AHRQ-Funded Systematic Review concluded that current evidence **does not establish that CPAP reduces long-term mortality, major cardiovascular events, or incident diabetes, or produces clinically significant long-term cognitive benefits in obstructive sleep apnea**; the authors concluded, "there remains clinical equipoise regarding the long-term effects" of CPAP and uncertainty around whether it confers long-term health benefits. Meanwhile, **"**measures …used to diagnose OSA and to assess its severity… do not include the severity of arousals, autonomic imbalance, sleep-stage fragmentation, or other consequences of sleep apnea." [3]
- A 2025 pooled post hoc EHJ analysis of three major randomized trials found **no overall cardiovascular-event reduction with CPAP**, but identified apparent benefit in a high-risk OSA subgroup characterized by greater OSA-related hypoxic burden and/or heart-rate response [4].
- Funded, designed, and led by ResMed (the global market leader in CPAP/PAP devices, masks, and replacement accessories), a 2025 meta-analysis reviewed 20 previously published nonrandomized observational studies (generally lower-quality evidence for causal inference) and 10 randomized controlled trials (generally stronger evidence for causal inference) examining two outcomes—overall mortality and cardiovascular mortality—in patients with sleep apnea. Its authors found the risk of cardiovascular death reduced by just over one-half (55%) and the risk of all-cause death reduced by just over one-third (37%) in PAP-treated patients in the observational studies. However, the stronger, randomized evidence for **PAP treatment** (1) **did not establish a statistically significant cardiovascular-mortality benefit** and (2) **did not produce a statistically significant reduction in all-cause mortality**, with the randomized estimate's confidence interval encompassing both potential PAP benefit and potential harm. [5]

SUPPORTING EVIDENCE — TINNITUS:

- A national study using U.S. NHANES data found chronic **tinnitus prevalence was more than twice as high among male veterans** as among male nonveterans (11.7% vs. 5.4%; $p<0.001$). [6]
- The longitudinal NOISE Study found tinnitus in **53% of its military servicemember and veteran** sample, with tinnitus and hearing loss more prevalent among participants with greater military noise, blast, and traumatic-brain-injury exposures; **tinnitus and associated hearing loss are noted as typically irreversible**. [7]

- The VA's Million Veteran Program landmark 2022 epidemiological study of nearly 800,000 veterans found **tinnitus in 37.5% of the studied veterans** and concluded that tinnitus in this military population was **more closely associated with environmental exposures** than with aging. [8]
- The VA's 2021 study found that, compared with veterans reporting none/mild tinnitus, those reporting very severe tinnitus had 17.5 times the adjusted odds of screening positive for PTSD and 15.5 times the odds for depression. [9]

TCAVA SECTIONS 201(b) and 203 will, according to Veterans Education Success and other partner organizations, "cause significant harm to students, veterans, survivors, and their families" and "**should be stripped" from TCAVA**. [10]

SECTION 201(b), the *Vets Opportunity Act Treatment of Certain Independent Study Programs Under Educational Assistance Programs of Department of Veterans Affairs*, would "create a new pathway to Title 38 education benefits for unaccredited, fully online education for trades careers. From a higher education accountability perspective, this should raise serious concerns. Trades careers require hands-on training. Proponents argue that this provision is intended to support hybrid (online and in-person) delivery of trades education. But hybrid programs are already permissible under existing authority in 38 U.S.C. § 3676. The practical effect of Section 201(b) would expand eligibility beyond the existing authority and **create a higher-risk pathway for online programs in sectors with a long history of aggressive recruiting, weak outcomes, and abuse of federal education benefits.**"

SECTION 203, the *Monthly Housing Stipend Under the Post-9/11 Educational Assistance Program For Individuals Who Pursue Summer Programs of Education Solely Through Distance Learning*, "would increase the monthly housing allowance (MHA) for fully online students to 100 percent of the national MHA average, thereby providing for-profit college chains with a recruiting lever they have long sought – more housing money for veterans to attend low-quality, online college chains and leave flagship public universities in low-rent states. This change is also nonsensical as it would inherently mean that roughly half of the online students would receive too little housing allowance. In contrast, the other half would receive more than their locality would otherwise justify. That creates a multibillion-dollar cost without solving the underlying problem."

CITATIONS:

[**Full List of VA Fee Waivers**] U.S. Department of Veterans Affairs. “VA Funding Fee and Loan Closing Costs.” Dept. of Veterans Affairs. va.gov/housing-assistance/home-loans/funding-fee-and-closing-costs/

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[2] **The SAVE Trial**: McEvoy RD, Antic NA, Heeley E, et al. “CPAP for Prevention of Cardiovascular Events in Obstructive Sleep Apnea.” *New England Journal of Medicine.* 2016;375(10):919–931. doi:10.1056/NEJMoa1606599. https://www.nejm.org/doi/full/10.1056/NEJMoa1606599

[3] **2024 AHRQ-Funded Systematic Review**: Balk EM, Adam GP, Cao W, Bhuma MR, D'Ambrosio C, Trikalinos TA. Long-term effects on clinical event, mental health, and related outcomes of CPAP for obstructive sleep apnea: a systematic review. *Journal of Clinical Sleep Medicine.* 2024;20(6):895–909. doi:10.5664/jcsm.11030. https://pmc.ncbi.nlm.nih.gov/articles/PMC11145052/

[4] **Multi-Trial EHJ Analysis:** American College of Cardiology. “CPAP May Improve CV Outcomes in High-Risk OSA.” Journal Scan, August 19, 2025; this ACC page summarizes: Azarbarzin A, Vena D, Esmaeili N, et al. “Cardiovascular benefit of continuous positive airway pressure according to high-risk obstructive sleep apnoea: a multi-trial analysis.” *European Heart Journal.* Published online August 5, 2025. doi:10.1093/eurheartj/ehaf447. https://www.acc.org/latest-in-cardiology/journal-scans/2025/08/19/13/42/cpap-may-improve-cv-outcomes

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[10] *Letter from education groups opposing provisions that would harm veterans*, June 24, 2026. https://vetsedsuccess.org/letter-from-education-groups-opposing-provisions-that-would-harm-veterans/

[11] **2025 VA Report.** U.S. Department of Veterans Affairs. Congressionally Mandated Report: Treatment of Veterans for Medical Conditions Related to Toxic Exposure. July 2025. https://www.publichealth.va.gov/PUBLICHEALTH/docs/epidemiology/CMR_Treatment_for_Toxic_Exposure.pdf

[12] **Veterans for Common Sense analysis of the 2025 VA report**: Veterans for Common Sense. *Health-Condition Prevalence Among Combat-Era Cohorts of VHA Users: A Veterans for Common Sense analysis of the VA Congressionally Mandated Report—Treatment of Veterans for Medical Conditions Related to Toxic Exposure.* Updated July 21, 2026.

[13] **2021 VA report:** U.S. Department of Veterans Affairs, Epidemiology Program, Health Outcomes Military Exposures, Office of Patient Care Services. *Post Deployment Health Surveillance Report: January 1, 2010 to December 31, 2019*. Released June 2021. Washington, DC: U.S. Department of Veterans Affairs. https://www.publichealth.va.gov/docs/epidemiology/PDSR_Dec_2019.pdf

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Veterans for Common Sense *is a nonpartisan non-profit organization founded in 2002 by U.S. war veterans who honorably served our nation. Its principal purpose is to collect, analyze, and disseminate information relevant to U.S. military, servicemembers, veterans, and foreign affairs policy for the use of the public in better decision-making. Veterans for Common Sense derived its name from the seminal "Common Sense" publication advocating for American independence authored by Founding Father Thomas Paine in 1776.*