



STATEMENT FOR THE RECORD

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

for a

LEGISLATIVE HEARING

2nd SESSION of the 119th CONGRESS

Before the

HOUSE COMMITTEE ON VETERANS' AFFAIRS

February 12, 2026

EXECUTIVE SUMMARY

The Military Officers Association of America (MOAA) appreciates the opportunity to submit this statement for the record and to underscore the importance of legislation that strengthens the continuum of support for veterans, caregivers, their families, and survivors.

These measures are essential to expanding access to health care and other earned benefits, easing the financial and emotional burden on families, and ensuring our nation fully honors the true cost of uniformed service. MOAA remains committed to working with Congress and stakeholders to ensure the swift passage of policies that uphold the dignity, well-being, and long-term stability of those who have sacrificed for our country.

- ***Veteran Caregiver Reeducation, Reemployment, and Retirement Act*¹** — Seeks to extend health coverage, provide bereavement counseling upon a veteran’s death, and support caregivers’ transition into the workforce or retirement.
- ***Fisher House Availability Act*²**. Allows TRICARE beneficiaries, including active-duty servicemembers and families, to use VA Fisher House lodging on a space-available basis when traveling for medical care, expanding eligibility beyond veterans to reduce travel burdens.
- ***Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act (Amended)*³** — Increases rate of Dependency and Indemnity Compensation (DIC) to provide additional financial support for survivors and increases rate of Special Monthly Compensation (SMC) to boost financial support for catastrophically service-connected disabled veterans.

CHAIRMAN BOST, RANKING MEMBER TAKANO, and members of the committee, on behalf of the Military Officers Association of America (MOAA) and the more than 350,000 servicemembers, veterans, families, caregivers, and survivors we represent, thank you for the opportunity to share our views and express our support of provisions contained in the legislation before you today.

We stand ready to work closely with the committee and the Department of Veterans Affairs (VA) to advance these critical measures and ensure the 119th Congress delivers meaningful, lasting improvements to the health care and benefits systems relied upon by the veteran community.

Neither MOAA nor its subsidiary charities hold any federal grants, subgrants, contracts, or subcontracts related to the subject matter of the hearing.

¹ H.R. 2148: <https://www.congress.gov/bill/119th-congress/house-bill/2148/text>.

² H.R. 3726: <https://www.congress.gov/bill/119th-congress/house-bill/3726/text>.

³ H.R. 6047: <https://www.congress.gov/bill/119th-congress/house-bill/6047/text>.

LEGISLATION

VETERAN CAREGIVER REEDUCATION, REEMPLOYMENT, AND RETIREMENT ACT (H.R. 2148)

Family caregivers are an indispensable yet often-overlooked component of the veterans' health care and long-term support systems. Millions of military and veteran caregivers provide daily, uncompensated care to veterans who are aging, disabled, or managing complex service-connected injuries and illnesses.

The VA Program of Comprehensive Assistance for Family Caregivers (PCAFC) was established in 2010 and provides important clinical support, training, and a monthly stipend for 67,000 enrolled caregivers. PCAFC eligibility is based on the veteran's level of injury and care needs.

Challenge

While PCAFC and related programs have improved caregiver recognition and clinical support, significant gaps remain:

- Economic insecurity: Caregivers often forgo wages, promotions, and retirement contributions, with no mechanism to offset long-term financial harm. The PCAFC stipend is classified as unearned income, meaning caregivers are unable to build Social Security credits, retirement savings, or other long-term financial protections during years or even decades of full-time caregiving.
- Barriers to workforce reentry: Years spent outside the labor force create gaps in employment history, expired licenses, and skills mismatches.
- Mental and emotional strain: Prolonged caregiving is associated with elevated rates of depression, anxiety, and burnout.
- Abrupt loss of support: When caregiving ends, many caregivers lose access to VA services with little transition assistance.

As a result of the above factors, many caregivers emerge from their caregiving role — whether due to a veteran's recovery, loss of eligibility, or death — financially insecure and disconnected from the workforce.

Policy Solution

Congress should pass the *Veteran Caregiver Reeducation, Reemployment, and Retirement Act* to empower caregivers through education, employment, and retirement planning.

Key Provisions:

- Reeducation:
 - Reimburse up to \$1,000 for licensure fees.
 - Provide access to VA training modules for continuing education credits.
 - Study feasibility of a “returnship” program for workforce reentry.

- Reemployment:
 - Offer employment assistance for former caregivers.
 - Study barriers and incentives for hiring caregivers within the VA.
- Retirement:
 - Provide retirement planning services.
 - Study feasibility of a caregiver-specific retirement plan.

Without targeted reforms like those proposed in this bill, many caregivers could be left without the support they need — leaving some to rely on public assistance and shifting costs rather than reducing them.

MOAA strongly supports enactment of this legislation, which acknowledges caregivers’ invaluable contributions and addresses economic and emotional burdens. By offering education, employment, and retirement opportunities, the act would empower caregivers to achieve financial security.

Fisher House Availability Act (H.R. 3726)

Fisher Houses provide no-cost, temporary lodging, so families can remain close to loved ones receiving care at major VA or military medical centers. These homes collectively serve more than 534,000 military and veteran families and have provided 12.5 million days of lodging, saving families over \$650 million since the program’s inception.

Challenge

Access rules differ between Fisher Houses located near VA and military medical centers:

- VA Fisher Houses primarily serve veterans’ families, which restricts access for active-duty servicemembers’ families when they must travel for specialty or emergency care at VA facilities.
- This gap forces many active-duty families to absorb significant out-of-pocket lodging and travel costs, even when VA Fisher House rooms are available.

As the Fisher House network expands — 100 houses worldwide across 48 VA locations and 24 military medical center locations — inconsistent access policies leave a critical support resource underutilized for the active-duty community.

Policy Solution

Authorize eligible TRICARE beneficiaries — including active-duty servicemembers and their families — to use VA Fisher Houses on a space available basis.

This policy would:

- Align access rules across VA and military medical center Fisher Houses.
- Reduce financial burdens on active-duty families traveling for care not available locally.

- Maximize use of Fisher House capacity, especially where VA houses have open rooms.
- Support servicemembers' readiness by ensuring families have stable lodging during medical crises or specialized treatment.

MOAA urges Congress to enact the *Fisher House Availability Act*. This cost-effective reform requires no new construction and strengthens the enduring mission of the Fisher House program by keeping families together when their loved one needs them most.

Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act (H.R. 6047-Amended)

Catastrophically wounded servicemembers and their families shoulder lifelong burdens that current benefits simply do not reflect. The amended version of the *Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act* strengthens long overdue-support for catastrophically wounded veterans and the surviving spouses of those who have made the ultimate sacrifice.

Challenge

Special Monthly Compensation (SMC)

SMC was designed to offset the extraordinary costs associated with severe combat injuries, but its value has not kept pace with modern medical realities, inflation, or the true cost of long-term caregiving.

Catastrophically wounded veterans often require constant care and supervision due to the severity of their service-connected injuries. While they survived the battlefield, they face permanent and compounding expenses that far exceed standard disability compensation.

- Home modifications, adaptive transportation, and advanced medical equipment impose significant long-term-term costs.
- Many spouses or family members must forgo employment to care for their loved one, resulting in lost earnings and long-term family financial instability.
- Other economic demands placed on caregiving families far outpace SMC levels.

Dependency and Indemnity Compensation (DIC)

Equally urgent is the need to increase DIC for surviving spouses. Survivors often lose not only their loved ones, but also long-term financial security, retirement planning, and household stability. DIC rates lag behind other federal survivor benefits, leaving many survivors struggling to meet basic needs despite the ultimate sacrifice made by their service members. Increasing DIC acknowledges that the cost of service does not end at death.

Policy Solution

This legislation increases SMC for catastrophically wounded veterans who require continuous, high-level care, restoring SMC's original purpose of offsetting the extraordinary, lifelong costs associated with severe service-connected injuries. It ensures these veterans are not left behind as medical, equipment, and caregiving expenses continue to rise.

The act also modernizes DIC for surviving spouses, recognizing their need for long-term financial stability, dignity, and predictability. Updating DIC better aligns survivor benefits with the true cost of service and with other federal survivor benefit standards.

MOAA supports provisions in the legislation that increases both DIC and SMC as a meaningful step toward addressing these imbalances and meeting the needs of veterans and their survivors.