

Legislative Report (as of 28 August, 2025)

The Oklahoma 2026 Regular Legislative session begins 2 February and ends 29 May. August-October is a slow time for state legislative issues. Legislators can submit measures November through 15 January for the 2026 session.

Some items mentioned by Senator Pugh in May.

Senator Pugh says he will work on a measure for 2026 to modify the rules for the OK Veterans Commission to require representation from American Legion, VFW, DAV, and Purple Heart. That representation has not been happening and he knows it's a sore point with these organizations.

He is looking at Utah as an example of what OK might do for veterans via the Workforce Commission. This would include improving the TAP program on our military bases.

OK will invest in selected infrastructure for some of our military bases. The goal is to make our bases better and more viable and "BRAC Proof" them. It will be interesting to see if this type of investment is supported by the legislature in the future.

Tulsa VA Hospital

The construction of the new VA Hospital in Tulsa continues to move forward as planned. Completion is scheduled for 2026. Thanks to Dennis Clippinger for that information.

DSLO – The South Central Regional Representative position for the Defense State Liaison Office is still vacant per the DSLO web page. Jeremy Hilton has moved elsewhere.

National

All members are encouraged to reach out to your lawmakers [via our Legislative Action Center](#)

Major Richard Star Act (from MOAA National 24 July)

The most recent step in the long fight to overturn an unjust pay offset faced by combat-injured military retirees came July 22, as three senators announced plans to include the text of the Major Richard Star Act as an amendment to the must-pass FY 2026 National Defense Authorization Act (NDAA).

Backed by MOAA and dozens of other military, veteran, and survivor groups, the amendment would allow tens of thousands of veterans to receive both their DoD-provided retirement pay and their VA-provided disability pay. These veterans now face a dollar-for-dollar offset of that earned compensation – essentially a "wounded veteran tax." "The Major Richard Star Act would correct one of the deepest injustices in our present veterans' disability system," said Sen. Richard Blumenthal (D-Conn.), ranking member of the Senate Veterans' Affairs Committee, who will introduce the amendment alongside Sens. Mike Crapo (R-Idaho) and Elizabeth Warren (D-Mass.). The amendment had 31 sponsors as of July 22, according to [a press release announcing its introduction](#). The act had 294 House cosponsors and 76 Senate cosponsors as of July 23 – more than enough to pass the legislation should it come to a floor vote.

COLAs – Military Retired Pay and Social Security (From MOAA National 31 July)

Followers of [MOAA's COLA Watch](#) are tracking a rising inflation trend line, but one that's likely to end up at or near the lowest cost-of-living adjustment since the end of the COVID-19 pandemic.

[Experts](#) have [predicted as much](#), pointing to a 2.6% raise in 2026 for military retirees, Social Security recipients, and others whose federal benefits are indexed to COLA calculations. It would be 0.1 percentage point higher than last year's raise, which followed three years of above-average adjustments – 3.2%, 8.7%, and 5.9% – tied to post-pandemic inflation.

Senate Veteran's Affairs Committee (From MOAA National 18 August)

The bills moving forward as of July 30:

- **S. 879, Veteran Caregiver Reeducation, Reemployment, and Retirement (3R) Act:** Provides job training, professional relicensure support, retirement planning, and bereavement counseling to family caregivers who are enrolled in VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC), which will assist them after their caregiving duties conclude.

S. 275, Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS)

Act: Expands residential rehabilitation treatment program for veterans with mental health and substance use disorders, particularly in geographic areas where VA services are limited or not available. It also enhances veterans' access to community care.

S. 607, Improving Veteran Access to Care Act: Requires VA to establish an interdisciplinary patient team to modernize scheduling, coordinate services, and cut wait times.

S. 1245, Servicemembers and Veterans Empowerment and Support Act: Strengthens health care and benefits for survivors of military sexual trauma and assault.

S. 1383, Veterans Accessibility Advisory Committee Act: Creates an independent advisory body to improve accessibility for veterans with disabilities.

VA Funding bill (From MOAA National 6 August)

WASHINGTON — The Senate on Friday night adopted a \$455 billion spending bill for the Department of Veterans Affairs that invests in recruiting clinicians at hospitals, provides a large increase to the toxic exposures fund and sets minimum funding levels for rural health care and other critical medical programs. Senate passage of the 2026 Military Construction, Veterans Affairs, and Related Agencies Appropriations Act followed the House adoption of a budget plan in June. Differences in the bills will be reconciled by a committee of members from both chambers.

Public Health Service (USPHS) (From MOAA National 20 August)

A bipartisan Senate bill set to move U.S. Public Health Service Commissioned Corps leave policies in line with those offered by the military services cleared a key committee last month, bringing long-sought parity one step closer to becoming law. The Uniformed Services Leave Parity Act (S. 1440), introduced April 10, advanced through the Senate Health, Education, Labor, and Pensions (HELP) Committee on July 31. The House version (H.R. 2846), introduced the same day, remains in the House Energy and Commerce Committee. The bill would offer extended parental leave, emergency leave, and other leave options that can be accessed by all federal employees and uniformed servicemembers aside from USPHS Commissioned Corps members, according to [a press release](#) announcing the Senate bill's movement.

Weight Loss Drugs (from MOAA National 26 August)

MOAA is urging the Defense Health Agency and lawmakers to halt plans that would end coverage of GLP-1 weight loss drugs for TRICARE For Life (TFL) beneficiaries in the coming days – plans which risk the progress made by patients taking these medications and cast doubt on the future of the TFL benefit. TFL coverage of GLP-1 drugs that are approved by the Food and Drug Administration (FDA) to treat weight loss (Wegovy, Zepbound, and Saxenda) is slated to end Aug. 31. Halting this policy change would provide time to assess the legislative and regulatory history governing TRICARE policy on weight loss medications and determine next steps to avert negative impacts to beneficiaries. TFL beneficiaries who have been prescribed a GLP-1 medication *for Type 2 diabetes* – such as Ozempic, Mounjaro, or Victoza – will maintain their coverage.

MOAA will conduct the **Total Force Conference 28-29 October 2025** at the Gaylord National Resort and Convention Center near DC. (\$350, but reduced to \$175 recently, per person for MOAA members.) MOAA, the largest and most trusted military officers' association in the nation, is dedicated to turning words into action with the launch of TotalForce+. Bringing together over 5,000 participants -- active duty personnel, Guard and Reserve members, veterans, caregivers, DoD and VA leaders, and industry professionals -- this event will address critical issues such as benefits, health care, military recruiting, and pay.

Together, we'll explore new solutions to:

Modernize Talent Management & Innovation

Optimize Leadership Development & Performance

Advance Quality of Life

Amplify the Veteran & Retiree Experience

Today, there are over 1.3 million active duty personnel, 800,000 reservists, 18 million veterans, and 740,000 civilian support staff.

At TotalForce+ we all come together as one.