



N. Illinois Service and Benefit Officer Newsletter

March 2026

This Newsletter is published monthly as a Service and Reference for all Veterans, Veteran Family Members, and friends of Veterans. Each month multiple Veteran Military Organization sites (and other sources, as applicable) are queried for timely, relevant, and viable Veteran issues... issues that regardless of source, impact Veterans and their Family Members.

Nothing is provided in this newsletter that cannot be retrieved by the reader – all sources are cited. Articles and/or article excerpts below are simply provided for ease of access and/or reference.

This month, I am addressing two items:

1. **Department of Veterans Affairs interim rule titled Evaluative Rating: Impact of Medication.**
This sent shock waves throughout the Veterans Community. *“For years, courts held that VA could not reduce ratings based on the effects of medication, requiring evaluation of a veteran’s true functional impairment when evaluating a service-connected disability. This... rule reverse[d] that standard, directing examiners to rate disabilities as they present, including the impact of medication, and to disregard unmedicated baseline severity.”* Quote from Communications@vfw.org dated 02/18/2026 – See Email Attached Below.
***Note: On February 27, 2026, the VA formally rescinded the interim final rule. See Below Attached Audit Trail.**
2. **Buddy Checks – see the American Legion article excerpt at the end of this newsletter.**
World events can “trigger” Veterans battling Mental Health and/or Substance Use Issues.
Call/check on a buddy!

Remember, The “Go-To” source for updates on legislation and benefits available for eligible Veterans is Certified/Professional Service Officers (VSO’S). As I always do, I have listed a couple of VSO sources below.

Point of Contact information on recommended Certified/Professional Service Officer Assistance:

- Illinois Department of Veterans Affairs Phone (IDVA) Phone: (815) 633-5875
- Veterans Assistance Commission of Winnebago County (VACWC), Phone: (815) 516-2850, Email vac@wincoil.us

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**Department of Veterans Affairs interim rule titled
Evaluative Rating: Impact of Medication**

What happened : Bottom Line Up Front

Source: <https://vaclaimsinsider.com/va-disability-medication-rule/>

VA Claims Insider

Last Updated March 2, 2026

- **UPDATE: VA Rescinds Medication Rule Change**

On **February 17, 2026**, the Department of Veterans Affairs issued an interim final rule titled “Evaluative Rating: Impact of Medication,” amending 38 CFR §4.10.

On **February 19, 2026**, VA Secretary Doug Collins announced that enforcement of the rule would be halted.

On **February 27, 2026**, the VA formally rescinded the interim final rule (Docket No. VA-2026-VBA-0067; RIN 2900-AS49), restoring the prior regulatory text. The rescission is effective immediately upon publication in the Federal Register.

As a result, VA disability ratings will continue to follow the longstanding interpretation of 38 CFR §4.10 that existed before February 17, 2026. We will continue monitoring any future rulemaking activity and update this article if additional changes occur.

History of Alarms Sounded by Veteran Service Organizations

From: VFW Communications <Communications@vfw.org>

To:

Date: 02/18/2026 7:37 AM CST

Subject: VFW Raises Serious Concerns Over VA Disability Rating Policy Interim Rule Change

VFW Raises Serious Concerns Over VA Disability Rating Policy Interim Rule Change

VFW National Commander Carol Whitmore calls for ‘serious public scrutiny’ to protect earned benefits

WASHINGTON (Feb. 18, 2026) — Yesterday, the Department of Veterans Affairs (VA) published an interim final rule that immediately changes how disability ratings are evaluated, prompting the Veterans of Foreign Wars (VFW) to send a letter outlining its concerns to VA Secretary Doug Collins.

For years, courts held that VA could not reduce ratings based on the effects of medication, requiring evaluation of a veteran’s true functional impairment when evaluating a service-connected disability. This new rule reverses that standard, directing examiners to rate disabilities as they present, including the impact of medication, and to disregard unmedicated baseline severity.

“As a former Army nurse, it seems this rule change could have unforeseen and harmful downstream effects for veterans, which is why it demands serious public scrutiny and possible legislative clarification from Capitol Hill,” said VFW National Commander Carol Whitmore. “While VA has authority to amend the rating schedule, it must do so without adversely affecting veterans, which is why we invite dialogue with Secretary Collins and his team to ensure we are crafting benefits policy in a way that honors the sacrifices of our veterans and protects their earned benefits.”

This abrupt shift risks penalizing veterans for complying with treatment, particularly those with musculoskeletal injuries, chronic pain, and mental health conditions who rely on medication to function. Veterans whose conditions are made more tolerable by medication, thereby creating the illusion of bonafide improvement, may now appear less disabled and receive lower ratings on new or future claims.

VA justified the use of its emergency authority to issue an interim final rule without normal public comment by writing that “the [*Ingram v. Collins*] decision is the latest and most disruptive in a line of [Court of Appeals for Veterans Claims, or CAVC] cases that have ignored the purpose of disability ratings and VA’s longstanding historical practices and policies in assigning such ratings.”

The VFW disagrees with VA’s perspective and believes that Ingram and other CAVC decisions have served to reinforce the veteran-centric, non-adversarial VA benefits adjudication system. VFW also questions VA’s use of “good cause” to bypass public notice and is seeking clarity on regulatory analysis, side effects, fluctuating conditions and safeguards against unfair reexaminations.

In addition to its letter to the Secretary, VFW will post its public comments to the Federal Register and work with Congress to clarify its intent to ensure that the VA benefits system remains veteran-centric and non-adversarial.

Read the Federal Register announcement for the interim final rule [here](#).

Example of Related Actions and Dialogue

Source: <https://www.military.com/benefits/veterans-health-care/2026/02/26/federal-lawsuit-challenges-vas-new-rule-medication-based-disability-ratings.html>

Federal Lawsuit Challenges VA’s New Rule on Medication-Based Disability Ratings

Military.com | By [Brandon Wile](#)

Updated February 26, 2026 at 1:04pm ET | Published February 26, 2026 at 3:43am ET

EDITOR’S NOTE: This story was published prior to the Department of Veterans Affairs rescinding the rule on Feb. 26.

A federal lawsuit is challenging a Department of Veterans Affairs rule that requires disability ratings to reflect how well veterans function on medication rather than the severity of their underlying condition.

The rule, published Feb. 17 in the Federal Register and effective that day, drew fierce opposition from veterans, advocacy organizations [and members of Congress](#). Within 48 hours, VA Secretary Doug Collins halted its enforcement. But the rule has not been formally rescinded, and the legal fight is just getting started.

What the Rule Does

The interim final rule, titled “Evaluative Rating: Impact of Medication,” amended the regulation governing how the VA evaluates functional impairment for disability compensation. Under the change, VA medical examiners are instructed to rate a veteran’s disability based on the veteran’s actual level of functional impairment while using prescribed medication or treatment. If medication reduces symptoms, the lower level of impairment determines the rating and the compensation that comes with it.

Read More: [VA Won't Enforce New Rule on Disability Ratings, Secretary Says. Congress Members Want It Rescinded](#)

The VA framed the rule as a clarification of longstanding practice dating to 1958. But the practical effect reverses more than a decade of court precedent that generally prevented examiners from factoring in medication's benefits when assigning ratings, unless the specific diagnostic code for that condition mentioned medication as a criterion.

"Thanks to thousands of comments from our members and community, the VA has withdrawn the so-called **'evaluative medication' rule**. But this fight isn't over," Naved Shah, political director of Common Defense, said in a statement provided to Military.com. "This was just the latest attack on veterans, and after more than a year of actions like this, we know they'll try again.

"During the State of the Union, the president surrounded himself with service members for show. His administration's record tells a different story of failing and abandoning veterans. We will keep fighting to make sure this country keeps its promise to care for those who served."

The Court Precedent It Overrides

The rule directly targets a line of decisions from the U.S. Court of Appeals for Veterans Claims. In *Jones v. Shinseki* (2012), the court held that the VA could not deny a higher rating based on medication's ameliorative effects when the relevant diagnostic code did not list medication as a rating criterion. That standard stood for 13 years.

In March 2025, the same court extended that protection in *Ingram v. Collins*, ruling that VA examiners evaluating musculoskeletal conditions must attempt to determine a veteran's baseline severity without medication. That case involved Army veteran Carlton Ingram, who had been rated 20% for a back disability and 10% for an ankle condition while taking prescription painkillers. The court found that the VA erred by not discounting the beneficial effects of his medication when assigning those ratings.

In its Federal Register filing, the VA called the Ingram decision an "erroneous interpretation" that would require re-adjudication of more than 350,000 pending claims across roughly 500 diagnostic codes. The Office of Information and Regulatory Affairs classified the rule as a major rule under the Congressional Review Act, estimating an annual economic impact exceeding \$100 million. Despite that classification, VA Secretary Doug Collins invoked emergency authority to make the rule effective immediately, bypassing both the standard 60-day congressional review period and the typical advance public comment process.

The Lawsuit

Less than 48 hours after the rule took effect, a petition was filed in the U.S. Court of Appeals for the Federal Circuit. The plaintiffs include MilVet Law Firm, based in Tacoma, Washington, which represents more than 500 veterans with service-connected disability claims; Stone Rose Law Firm of Arizona, through attorney Derek Debus; and Andrew Laffoon, a disabled Vietnam veteran with a pending disability claim.

The petition asks the court to vacate the rule, arguing that it causes direct financial harm to veterans by lowering disability ratings and, in turn, reducing compensation. MilVet described the VA's action as "shocking" and "unprecedented," noting that for over a decade, the VA had been required to rate disabilities absent the effects of medication.

Paul Jennings, a lead attorney at MilVet and himself a disabled veteran, said the rule creates a perverse incentive for veterans to skip treatment to protect their benefits. He also questioned the VA's use of

emergency rulemaking authority, noting the agency bypassed the formal process required to implement a rule of this size.

The Enforcement Halt, and Why It May Not Be Enough

Secretary Collins announced Feb. 19 that the VA was halting enforcement of the rule. He stated it would “not be enforced at any time in the future” but said the VA would continue collecting public comments through the April 20 deadline. Before announcing the halt, Collins had defended the rule and called criticism of it “fake news.”

The rule has not been formally rescinded. It remains published in the Federal Register and is still part of the Code of Federal Regulations. Veterans advocates and legal experts have pointed out that halting enforcement is not the same as withdrawal and that the rule could be reinstated at any time without a new rulemaking process.

VA Deputy Secretary Paul Lawrence said Feb. 23 at the Disabled American Veterans Mid-Winter Conference that the department had “withdrawn” the rule and had “no intention of ever doing anything or talking about it ever again,” but no formal revocation has appeared in the Federal Register.

On Feb. 25, a group of 21 Democratic and independent lawmakers sent Collins a letter demanding immediate formal rescission. The letter, led by Senate Veterans’ Affairs Committee Ranking Member Richard Blumenthal and House Veterans’ Affairs Committee Ranking Member Mark Takano, requested that the VA report by March 2 what steps it is taking to suspend the rule and provide a timeline for rescinding or replacing it. At a Senate hearing the same day, Blumenthal pressed for permanent removal, noting more than 18,000 public comments had been submitted opposing the rule.

What Veterans Should Know Right Now

With enforcement halted, the situation for most veterans should be back to where it was before Feb. 17. The prior legal standard, under which examiners generally could not factor in medication’s benefits unless a specific diagnostic code addressed it, remains in effect for claims being processed now, according to Collins. Here is what to keep in mind:

Existing ratings are not automatically affected. Even when the rule was briefly in effect, it did not trigger automatic reductions of established ratings. VA regulations at [38 CFR § 3.951\(b\)](#) protect ratings that have been in place for 20 or more years from reduction except in cases of fraud. Separate due process protections apply to proposed reductions of any established rating.

If you have a pending claim involving medication, talk to your representative. Veterans with pending claims or appeals that involve arguments under the Jones or Ingram precedent should consult with an accredited veterans service organization representative or attorney. Timing may matter depending on how things develop in court.

You can submit a public comment. The comment period on the interim final rule remains open through April 20, 2026, at [regulations.gov](https://www.regulations.gov) under RIN 2900-AS49. More than 18,000 comments have already been submitted. Public comments become part of the administrative record and carry weight in any future legal challenge.

Stay on Top of Your Military Benefits

Military benefits are always changing. Keep up with everything from pay to health care by subscribing to Military.com, and get access to up-to-date pay charts and more with all latest benefits delivered straight to your inbox.

Source: 9712 Federal Register/Vol. 91, No. 39/Friday, February 27, 2026/Rules and Regulations

Rescission of Interim Final Rule, Evaluative Rating: Impact of Medication

_Source: <https://www.federalregister.gov/documents/2026/02/27/2026-03940/rescission-of-interim-final-rule-evaluative-rating-impact-of-medication>

Rescission of Interim Final Rule, Evaluative Rating: Impact of Medication

A Rule by the [Veterans Affairs Department](#) on [02/27/2026](#)

Published Document: 2026-03940 (91 FR 9712)

This document has been published in the *Federal Register*. Use the PDF linked in the document sidebar for the official electronic format.

Published Document: 2026-03940 (91 FR 9712)

- Document Details

Published Content - Document Details

Agency

[Department of Veterans Affairs](#)

Agency/Docket Number

Docket No. VA-2026-VBA-0067

CFR

38 CFR 4

Document Citation

91 FR 9712

Document Number

2026-03940

Document Type

Rule

Page

9712 (1 page)

Publication Date

[02/27/2026](#)

RIN

2900-AS49

Published Content - Document Details

Published Document: 2026-03940 (91 FR 9712)

This document has been published in the *Federal Register*. Use the PDF linked in the document sidebar for the official electronic format.

Document Headings

Document headings vary by document type but may contain the following:

1. the agency or agencies that issued and signed a document
2. the number of the CFR title and the number of each part the document amends, proposes to amend, or is directly related to
3. the agency docket number / agency internal file number

4. the RIN which identifies each regulatory action listed in the Unified Agenda of Federal Regulatory and Deregulatory Actions

See the [Document Drafting Handbook](#) for more details.

Department of Veterans Affairs

1. [Docket No. VA-2026-VBA-0067]
2. 38 CFR Part 4
3. RIN 2900-AS49

AGENCY:

Department of Veterans Affairs (VA).

ACTION:

Final rule; rescission of interim final rule.

SUMMARY:

VA is rescinding the interim final rule, *Evaluative Rating: Impact of Medication*, published on February 17, 2026, and restoring the prior regulatory text. This rescission is effective immediately upon publication.

DATES:

This final rule rescinding the interim final rule, published at [91 FR 7118](#) on February 17, 2026, is effective February 27, 2026.

FOR FURTHER INFORMATION CONTACT:

Ethan Kalett, Executive Director, Office of Regulatory Oversight and Management, (202) 461-9700.

SUPPLEMENTARY INFORMATION:

VA announces an immediate rescission of the interim final rule, *Evaluative Rating: Impact of Medication*, published in the Federal Register on February 17, 2026. [91 FR 7118](#). VA issued the rule to clarify existing policy and protect veterans' benefits in the wake of an ongoing court action. VA always takes veterans' concerns seriously and recognizes that many commenters construed the interim final rule as something that could result in adverse consequences.

VA remains committed to its mission of ensuring that every claimant applying for benefits—especially veterans who have earned disability compensation through their honorable service to the Nation—receives all benefits to which they are entitled under the law as expeditiously as possible. To ensure that VA can fulfill this mission while maintaining the trust and confidence of our Nation's veterans, as well as their families, caregivers, and survivors, the Department hereby advises that the interim final rule is rescinded effective immediately.

Good Cause Justification: Under [5 U.S.C. 553\(b\)\(B\)](#) and [\(d\)\(3\)](#), VA finds that prior notice and comment for this rescission is impracticable and contrary to the public interest. Some stakeholders have expressed uncertainty about the interim final rule's effect on claims, and leaving the rule in place during a lengthy rulemaking process could undermine confidence in the benefits system. Immediate rescission ensures

continuity in adjudication and preserves the status quo. This action does not resolve the legal questions now before the courts; it simply restores prior regulatory text to maintain stability.

List of Subjects in [38 CFR Part 4](#)

- Disability benefits
- Veterans

Signing Authority

Douglas A. Collins, Secretary of Veterans Affairs, approved this document on February 24, 2026, and authorized the undersigned to sign and submit the document to the Office of the Federal Register for publication electronically as an official document of the Department of Veterans Affairs.

Jennifer Williams,

Alternate Federal Register Liaison Officer, Department of Veterans Affairs.

For the reasons stated in the preamble, VA amends [38 CFR part 4](#) as set forth below:

PART 4—SCHEDULE FOR RATING DISABILITIES

1. The authority citation for part 4 continues to read as follows:

Authority: [38 U.S.C. 1155](#), unless otherwise noted.

Subpart A—General Policy in Rating

2. Revise and republish § 4.10 to read as follows:

[§ 4.10](#)

Functional impairment.

The basis of disability evaluations is the ability of the body as a whole, or of the psyche, or of a system or organ of the body to function under the ordinary conditions of daily life including employment. Whether the upper or lower extremities, the back or abdominal wall, the eyes or ears, or the cardiovascular, digestive, or other system, or psyche are affected, evaluations are based upon lack of usefulness, of these parts or systems, especially in self-support. This imposes upon the medical examiner the responsibility of furnishing, in addition to the etiological, anatomical, pathological, laboratory and prognostic data required for ordinary medical classification, full description of the effects of disability upon the person's ordinary activity. In this connection, it will be remembered that a person may be too disabled to engage in employment although he or she is up and about and fairly comfortable at home or upon limited activity.

[\[FR Doc. 2026-03940](#) Filed 2-26-26; 8:45 am]

BILLING CODE 8320-01-P

Published Document: 2026-03940 (91 FR 9712

DON'T FORGET TO DO BUDDY CHECKS!

The American Legion Buddy Check Program

Source: <https://www.legion.org/buddycheck/about>

In the first four years after The American Legion launched Buddy Checks as an official program, our members have reached more than **1 million veterans** and provided critical assistance.

The number of local American Legion posts conducting Buddy Check operations in those first four years has grown from 3,683 to 4,456.

Buddy Checks are not membership or fundraising calls; they are simple check-ins with veterans in the community to see how they are doing and to learn how the local post can help.

The **MyLegion.org** web platform contains contact information of American Legion members and former members.

The Department of Veterans Affairs launched its own **National Buddy Check Week** in 2023 and invites involvement from local American Legion posts.

American Legion posts are also strongly encouraged, by resolution, to make Buddy Check calls during Veterans Week (*mid-November*) and American Legion Birthday Week (*mid-March*).

Many American Legion posts have assembled Buddy Check teams that make calls monthly or even more frequently.

Buddy Check teams are urged to have at their fingertips a list of local resources available if needed.

These may be American Legion service officers, Vet Centers, VA healthcare facilities, or others who can help.

Veterans may be reminded of the **Veterans Crisis Line** in case they know of someone who needs urgent assistance, or if they need it themselves.

Read about how Buddy Checks work at the local level on [LEGIONTOWN.ORG/BUDDY-CHECKS](https://www.legion.org/buddycheck/about) or [SHARE YOUR OWN BUDDY CHECK STORY](#)

ADDITIONAL OUTSIDE RESOURCES [VA Mental Health Resources](#)

- [American Foundation for Suicide Prevention \(AFSP\)](#)
- [Anxiety and Depression Association of America \(ADAA\)](#)
- [National Alliance on Mental Illness \(NAMI\)](#)
- [Mental Health America \(MHA\)](#)
- [National Institute of Mental Health \(NIMH\)](#)

