

## Subcommittee Print

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**(Reflecting the actions of the Subcommittee on Disability Assistance and Memorial Affairs on April 27, 2017)**

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115<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 1725

To direct the Secretary of Veterans Affairs to submit certain reports relating to medical evidence submitted in support of claims for benefits under the laws administered by the Secretary.

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IN THE HOUSE OF REPRESENTATIVES

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## A BILL

To direct the Secretary of Veterans Affairs to submit certain reports relating to medical evidence submitted in support of claims for benefits under the laws administered by the Secretary.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1 **SECTION 1. REPORT ON PROGRESS OF DEPARTMENT OF**  
2 **VETERANS AFFAIRS ACCEPTABLE CLINICAL**  
3 **EVIDENCE INITIATIVE.**

4 (a) IN GENERAL.—Not later than 180 days after the  
5 date of the enactment of this Act, the Secretary shall sub-  
6 mit to the Committee on Veterans' Affairs of the Senate  
7 and the Committee on Veterans' Affairs of the House of  
8 Representatives a report on the progress of the Acceptable  
9 Clinical Evidence initiative of the Department of Veterans  
10 Affairs in reducing the necessity for in-person disability  
11 examinations and other efforts to comply with the provi-  
12 sions of section 5125 of title 38, United States Code.

13 (b) CONTENTS OF REPORT.—The report required by  
14 subsection (a) shall include the following:

15 (1) The number of claims eligible for the Ac-  
16 ceptable Clinical Evidence initiative during the pe-  
17 riod beginning on the date of the commencement of  
18 the initiative and ending on the date of the sub-  
19 mittal of the report, disaggregated by fiscal year.

20 (2) The total number of claims eligible for the  
21 Acceptable Clinical Evidence initiative that required  
22 a medical examiner of the Department to supple-  
23 ment the evidence with information obtained during  
24 a telephone interview with a claimant.

25 (3) Information on any other initiatives or ef-  
26 forts of the Department to further encourage the

1 use of private medical evidence and reliance upon re-  
2 ports of a medical examination administered by a  
3 private physician if the report is sufficiently com-  
4 plete to be adequate for the purposes of adjudicating  
5 a claim.

6 (4) The anticipated impact on the timeline and  
7 accuracy of a decision on a claim for benefits under  
8 chapter 11 or 15 of title 38, United States Code, if  
9 the Secretary were prohibited from requesting a  
10 medical examination in the case of a claim in sup-  
11 port of which a claimant submits medical evidence  
12 and a medical opinion provided by a private physi-  
13 cian that is competent, credible, probative, and oth-  
14 erwise adequate for the purpose of making a deci-  
15 sion on that claim.

16 (5) Recommendations on how the Department  
17 can measure, track, and prevent the ordering of un-  
18 necessary medical examinations when the provision  
19 by a claimant of a medical examination administered  
20 by a private physician in support of a claim for ben-  
21 efits under chapter 11 or 15 of title 38, United  
22 States Code, is adequate for the purpose of making  
23 a decision on that claim.

1 **SEC. 2. ANNUAL REPORT ON SUBMITTAL OF PRIVATE MED-**  
2 **ICAL EVIDENCE IN SUPPORT OF CLAIMS FOR**  
3 **DEPARTMENT OF VETERANS AFFAIRS BENE-**  
4 **FITS.**

5 Not later than March 1 of each year, the Secretary  
6 of Veterans Affairs shall submit to Congress a report that  
7 includes, for the calendar year preceding the year in which  
8 the report is submitted, the following for each regional of-  
9 fice of the Department of Veterans Affairs:

10 (1) The number of times a veteran who sub-  
11 mitted private medical evidence in support of a claim  
12 for compensation or pension under the laws adminis-  
13 tered by the Secretary was scheduled for an exam-  
14 ination performed by Department personnel because  
15 the private medical evidence submitted was deter-  
16 mined to be unacceptable.

17 (2) The most common reasons why private  
18 medical evidence submitted in support of claims for  
19 benefits under the laws administered by the Sec-  
20 retary was determined to be unacceptable.

21 (3) The types of disabilities for which claims for  
22 benefits under the laws administered by the Sec-  
23 retary were mostly commonly denied when private  
24 medical evidence was submitted.