
501(C)(3) Veterans Non-Profit

STATEMENT FOR THE RECORD

PARALYZED VETERANS OF AMERICA

FOR THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS SUBCOMMITTEE

ON

**IMPROVING OUTCOMES FOR DISABLED VETERANS: OVERSIGHT OF VA'S MEDICAL DISABILITY
EXAMINATION OFFICE**

NOVEMBER 20, 2025

Chairman Luttrell, Ranking Member McGarvey, and members of the subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on the effectiveness of the Department of Veterans Affairs' (VA) Medical Disability Examination Office (MDEO), and its role in the veteran's disability claims process. No group of veterans better understand the importance of timely access to VA benefits than veterans who have acquired a spinal cord injury or disorder (SCI/D).

The MDEO is responsible for overseeing the contract medical disability exam process for the Veterans Benefits Administration (VBA). One of their principal duties is to, "monitor and oversee exam vendor performance to enforce the terms of the contracts and ensure compliance with agency regulations, procedures, program directives, and the law including ADA [Americans with Disabilities Act] and OSHA [Occupational Safety and Health Administration] requirements." The VA has authorized contracted medical disability examinations (MDE) to non-VA medical providers since 1996. Today, contractors account for more than 85 percent of MDEs.

When a veteran files a claim for disability compensation, a medical examination is the keystone in the adjudication process. A good, thorough examination is critical for an accurate outcome; however, a poor examination could lead to years of additional actions, adding to the appeals backlog, and could end up being extremely costly to the VA in terms of funding and trust. PVA strongly believes medical examinations for complex, service-related medical conditions like SCI/D and traumatic brain injury (TBI), as well as those related to military sexual trauma (MST), should be conducted by a medical practitioner working directly for the Veterans Health Administration; however, contract exams may be appropriate for other types of claims. Regardless, the VA must ensure that any contracted compensation and pension (C&P) examiners are qualified to conduct necessary exams and any legislative proposals supporting contract exams should include such provisions.

Inadequate Disability Benefits Questionnaire (DBQ) Quality Assurance

PVA strongly believes that VA should improve the quality control review of an incoming DBQ before it is uploaded into a veteran's file, which could reduce the risk of fraudulent claims. Currently, VA claims processors have the authority "to evaluate and weigh all evidence of record, including privately completed DBQs. If it is determined that a privately completed DBQ contains indicator(s) of inauthenticity that are substantive enough to deem it potentially inauthentic or fraudulent, claims processors have the authority to assign low or no probative value to the privately completed DBQ."¹ But if a DBQ is completed by a contracted examiner, the claims processors "are *not* expected to routinely scrutinize or question the credentials of clinical personnel to determine the acceptability of their reports, unless there is contradictory evidence of record." However, according to the VA's Clinician's Guide, which informs contract providers, "It is important to remember that VBA Raters are not clinicians and therefore may not understand concepts that are considered basic or assumed by those educated in the field of medicine."² This leads to obvious questions of whether the claims processors are actually picking up on the adequacy and accuracy of DBQs or the possibility of fraudulent/inconsistent findings being recorded by either outside providers or contracted examiners.

The MDEO currently employs about 20 quality analysts whose job it is to review a random sample size of DBQs that are received from contractors and determine whether or not they are "contractually compliant" by ensuring that the reports include all requested issues, do not have any discrepancies, and describe the condition(s) that have impacted the veteran's ability to work, among other requirements. However, these analysts only have access to the DBQs after they have been uploaded to the Veterans Benefits Management System (VBMS), which is the same

¹ [M21-1, Part IV, Subpart i, 3.A.1.g, General Criteria for Sufficiency of Examination Reports.](#)

² Veterans Health Administration (VHA) Office of Disability and Medical Assessment (DMA) Compensation and Pension (C&P) Disability Examinations Clinician's Guide.

time claims processors receive them. Often, this is too late as the processors are waiting to finalize a claim and only need the DBQ to finish the rating process.

According to a Government Accountability Office (GAO) report from August 2025, “MDEO officials say many claims continue through processing and are decided before the office completes its checklist review. After MDEO identifies errors, claims processors determine if the errors affected their decisions on the claims.”³ In order to effectively do their jobs and to provide real oversight to the claims process, changes are needed.

PVA believes that MDEO should implement two changes to the claims process. First, prior to being downloaded to VBMS, *all* DBQs, regardless of whether they are provided by the veteran or a contractor, should go into a drop box that is only accessible by the quality analysts. Second, the quality analysts should be trained and required to review the forms for contractual compliance *and* for potential fraud/inconsistent findings. Only after this review has been done should the forms be uploaded to VBMS and the claims process be allowed to continue.

Accessibility Concerns with Contract C&P Exams

Equally important to the qualifications of the provider is an accessible, barrier-free facility to conduct exams. In May of 2024, a VA Office of Inspector General (OIG) Report (23-01059-72)⁴ found accessibility barriers at more than half of the 135 facilities they visited. Of the 135 facilities inspected, 99 had complete inspections while 36 had partial inspections. OIG cited facilities being closed with unclear operating hours or exam rooms being occupied and unable to be accessed as reasons for the 36 partial inspections. According to the report, VBA lacks a standard operating procedure for contract exam facilities. Establishing such a standard was a recommendation made in the report.

PVA members have experienced access barriers when receiving C&P exams, as well as in accessing community care appointments. Our members have seen exam rooms that are physically inaccessible and/or lack overhead patient ceiling lifts. Restrooms often have accessibility barriers, causing members to pause and wonder why the VA is sending them to facilities that are ill equipped to accommodate them.

We also receive reports of inaccessible medical diagnostic equipment, such as medical examination tables, weight scales, dental chairs, x-ray machines, mammography, and other

³ [VA Disability Benefits: Additional Oversight and Information Could Improve Quality of Contracted Exams for Veterans.](#)

⁴ [Better Oversight Needed of Accessibility, Safety, and Cleanliness at Contract Facilities Offering VA Disability Exams | Department of Veterans Affairs OIG \(vaog.gov\).](#)

imaging equipment. A lack of any one of these diminishes these providers' ability to accurately evaluate service-related medical conditions. PVA submitted a statement for the record to this committee in September 2024 highlighting additional accessibility concerns facing veterans with catastrophic disabilities.⁵

Another barrier encountered by SCI/D veterans is getting to the contract facility. Several of our members have been expected to travel more than 100 miles to reach the contracted facility, and occasionally, even while the veteran is critically ill. Some of our veterans' injuries are so severe they may be unable to physically appear for an exam; so, our national service officers (NSOs) request on VA Form 21-4138 (Statement in Support of Claim) either a telehealth or in-person visit from a C&P examiner. Many times, these requests are not seen or are simply ignored. Some NSOs write the request on the VA Form 21-526 (Application for Disability Compensation and Related Compensation Benefits) but the contractor insists the veteran must attend in person or they will claim the veteran was a "no-show," causing unnecessary delays to benefits and services the veteran may be eligible for, which forces NSOs to file supplemental claims, further adding to the claims backlog. VA and third-party vendors' policies regarding these situations need to be scrutinized, and greater use of telehealth exams and traveling examiners should be made.

Lack of Specialized Contract Examiners

VA's M21-1 Adjudication Procedures Manual states that there are only four types of examinations that are *routinely* performed by specialists (hearing, vision, dental, and psychiatric). Furthermore, it notes that a specialist examination *may be* requested, but only if there are conflicting opinions or diagnoses, in compliance with a Board of Veteran's Appeals (BVA or Board) remand, or the issue is deemed "unusually complex."⁶ Immediately, this raises concerns.

PVA NSOs represent veterans who have some of the most complex cases likely seen by VA. Complex cases include claims dealing with complete or incomplete injuries, application of all levels of special monthly compensation, and eligibility for ancillary benefits associated with these claims. Many of these conditions are not routinely associated with a neurological disorder; so, without specialized diagnostic experience, they could be missed, complicating or even extending the veteran's claims process. These conditions should be flagged as "unusually complex." However, we have heard from our NSOs in the field that they routinely see a lack of provider expertise, which delays the adjudication of claims. For instance, one office reported that there were several issues with an examiner conducting a peripheral neuropathy examination for veterans whose claims involved multiple sclerosis (MS). In cases involving amyotrophic lateral

⁵ PVA Statement for the Record, House Veterans Affairs Committee Hearing, "Examining VA's Challenges with Ensuring Quality Contracted Disability Compensation Examinations," September 18, 2024.

⁶ [M21-1 IV.i.2.A.6.](#)

sclerosis (ALS), this oversight is particularly egregious, as the life expectancy of those with ALS is so short that any delay in the processing of that claim is robbing them of what precious little time they have left.

In another ongoing case, a veteran's claim was remanded back to the regional office (RO) because of an inadequate exam. This veteran had filed a claim related to mistreatment at the VA that had ultimately cost him his legs, which were amputated above the knee. After obtaining a medical opinion from a general practitioner, the Board remanded the case with instructions to obtain an opinion from either an infectious disease specialist, wound care expert, vascular surgeon, physiatrist, neurologist, or orthopedic surgeon. However, when the RO sought to obtain a specialist's opinion, they were told by the contractor that, "our contract with VA does not require a specialist to perform this particular [examination]," and that they did not have a specialist to perform it. A general physician provided the exam in defiance of the remand order. This case will likely be remanded again and will continue to add to the backlog at the BVA and cost valuable taxpayer dollars, all because a specialist's opinion was denied by the contracted examiners.

To help ensure a quality examination is performed correctly the first time, and to prevent delaying the adjudication or the creation of an appeal, the VA should expand their guidance on the four conditions that are mandated to be performed by a specialist (hearing, vision, dental, and psychiatric) to include the specialties of neurology and gynecology. These two disciplines deal with disabilities that are complex in nature but are also extremely personal. No veteran should have to endure one of these examinations only to be told that it was insufficient or inaccurate and that a second exam is needed.

PVA would once again like to thank the subcommittee for the opportunity to submit our views on the effectiveness of the MDEO and the role the office plays in the VA disability claims process. We would be happy to take any questions for the record.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2026

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events—
Grant to support rehabilitation sports activities — \$368,500.

Fiscal Year 2025

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events —
Grant to support rehabilitation sports activities — \$502,000.

Fiscal Year 2023

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events —
Grant to support rehabilitation sports activities — \$479,000.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.