



Improving Outcomes for Disabled Veterans: Oversight of VA's Medical Disability Examination Office

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Statement of

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Veterans of Foreign Wars of the United States

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With Respect To

“Improving Outcomes for Disabled Veterans: Oversight of VA’s Medical Disability Examination Office”

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Chairman Luttrell, Ranking Member McGarvey, and members of the subcommittee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, I am pleased to provide input on this important topic that we have addressed in previous hearings, both as a witness or by similar submissions.

The VFW approaches this hearing with the utmost seriousness, as the issues before us affect every veteran seeking fair and timely access to earned benefits. We have raised concerns about the Department of Veterans Affairs (VA) disability examination system in numerous settings, including recent congressional roundtables where the challenges surrounding the current examination structure once again became part of the discussion. The VFW firmly believes that the disability examination is the single most critical step in the claims process. It is also, regrettably, the step that generates the greatest number of obstacles and inconsistencies. Since as far back as 2017, we have repeatedly expressed concerns about the manner in which examination contracts are awarded and the profound impact these decisions have on the efficiency, accuracy, and fairness of the claims process.

Over the years, we have identified several persistent issues within the examination and contracting framework that demand focused attention and action. These challenges range from contract instability and provider shortages to uneven examiner qualifications and inconsistent service delivery across regions. The VFW believes that implementing our recommendations, many of which have been reiterated for years, would significantly strengthen the disability evaluation process. These improvements would not only streamline operations but also enhance outcomes for veterans, caregivers, family members, and survivors who rely on VA for critical support.

Despite our ongoing efforts to offer workable solutions, the examination system remains overly complex, burdensome, and difficult to navigate. It places unreasonable strain on veterans, especially those attempting to navigate the process without representation or guidance. For some, the system is not merely challenging, it is functionally inaccessible. The VFW urges Congress and VA leadership to act decisively to modernize and stabilize the examination infrastructure. Veterans deserve a system that supports them, not one that hinders them, and meaningful reform is both urgently needed and long overdue.

Scheduling

As an accredited Veterans Service Organization (VSO) representative, we hold a professional and regulatory obligation to fully understand the VA disability claims process and the VA business systems that enable delivery of benefits. However, navigating the process remains unnecessarily frustrating. The contracted disability examination process used to inform claimants of ratings decisions is not transparent, efficient, or customer focused.

Examination requests are assigned to VA's contracted vendors. Because of the rigidity of VA's contracts and the emphasis on speed-driven metrics, initial examination assignments are repeatedly returned to VA as unschedulable. Under current contracts, veterans generally receive only one opportunity to reschedule an examination before a vendor is required to return the request to VA. This presents many challenges and avoidable cancellations.

We recently assisted an 80-year-old veteran who filed a claim for hearing loss. The claim was established, and examinations were requested by a VA-contract vendor. While this may sound routine and of no concern, the examination provider was 143 miles away. The veteran would have had to travel nearly 300 miles round trip for an examination that likely could have been completed closer to his home. Since he will be unable to report, we anticipate the examination will likely be reported to VA as a "no show," and the veteran will be denied much-needed benefits.

In some cases, we have learned that vendors have made offers to provide transportation to a scheduled examination, which is a great improvement from how business was previously conducted. However, it is not always practical. Some veterans have issues with mobility that will not allow them to sit for long periods of time, others may need assistive devices such as walkers or wheelchairs that can prove to be cumbersome or impractical. There is no guarantee that the service with which the contract examiner engages will have the proper vehicle type available to take the claimant to the scheduled examination.

Once again, we are asking that veterans be given greater agency over their claims. Allowing the claimant to be able to choose when and where the examinations will take place will greatly reduce the no show and denial rate. Veterans want their claims to be accurate. They want them to be timely. VA has proven this is possible. As we noted in testimony before the Senate Committee on Veterans' Affairs, during the COVID-19 pandemic, VA suspended the process for veterans unwilling or unable to report for examinations due to concerns of being exposed to the virus.

VA's own contract examiners agree that giving veterans greater say in how their claims are processed will lead to better customer experiences for the claimants. It will also improve efficiency and help reduce waste.

Overdevelopment

Overdevelopment of disability claims, particularly through the ordering of unnecessary medical examinations, continues to slow the claims process and generate avoidable frustration for veterans seeking timely decisions. This issue is especially pronounced in claims involving contentions of toxic exposure where the evidentiary standards are already well defined in statute and regulation. When a presumption of service connection applies and a claimant's service records confirm presence in the qualifying location, the requirement for a medical opinion is already satisfied. In these cases, ordering an additional examination does not enhance the evidentiary record, it instead introduces needless delay.

For example, a veteran exposed to burn pits in a qualifying location is entitled to the presumption of service connection for chronic obstructive pulmonary disease (COPD). Under this framework, VA should automatically grant the claim without attempting to determine alternative causes such as smoking history. Similarly, requesting a toxic-exposure-related screening for a contention wholly unrelated to toxic exposure, such as a musculoskeletal knee injury, adds no substantive value and extends wait times for a decision. In both instances, the additional steps are superfluous, create administrative inefficiency, and undermine the very purpose of presumptive policy.

To reduce these delays and ensure veterans receive the timely benefits they have earned, the

VFW recommends that VA fully leverage existing claims data and medical records, cross-referencing prior submissions before ordering any new examinations. This approach would help prevent redundant development actions and preserve resources for cases where additional evidence is actually necessary. We also recognize that VA itself has acknowledged overdevelopment as a systemic problem and, in 2021, created an internal task force to address it. Continued attention, training, and accountability in this area are essential to eliminating unnecessary examinations, and improving claims timeliness and overall accuracy.

Examiner Qualifications

A critical driver of avoidable delay within the VA claims system is the practice of routing medical opinions from qualified physicians to lesser-credentialed medical professionals such as nurse practitioners for confirmation or certification. This additional step is unnecessary, adds no medical value, and undermines the credibility of the original expert opinion. When a licensed physician has already provided a clear, competent, and comprehensive medical assessment, re-review by a provider with less specialized training only creates bottlenecks. Worse, this redundant review can give the appearance that evidence is being developed not to assist the veteran but to find grounds to deny the claim, which is contrary to VA's statutory obligation to extend the benefit of reasonable doubt to the veteran.

The time lost by sending a physician's medical opinion into this secondary loop contributes directly to prolonged adjudication times, all without increasing the accuracy, quality, or completeness of the claim decision. Veterans routinely wait weeks or months for these additional reviews, only to receive decisions based on the lesser-credentialed practitioner's reinterpretation of the evidence rather than the physician's original conclusion. This practice not only delays justice, it also increases the likelihood of improper denials as medical nuances documented by the examining physician may be overlooked, minimized, or mischaracterized. In multifaceted claims, particularly those involving toxic exposures, traumatic brain injury, or other neurological conditions, this unnecessary layer of review can create significant harm to the veteran by introducing avoidable errors.

To ensure timely, accurate, and fair outcomes, VA must rely on the most qualified examiners necessary for the medical issue at hand and must accept competent medical

opinions. Eliminating redundant certification practices would shorten adjudication timelines, reduce improper denials, and reinforce confidence in the claims process. Veterans deserve a system that respects their time, honors their service, and ensures that well-supported claims are not slowed down or jeopardized by unnecessary procedural obstacles.

Record Review

A complete and accurate review of each veteran's record is essential to ensure the timely, fair, and efficient adjudication of claims. Yet in too many cases, VA's Veterans Service Representatives (VSRs) focus primarily on the first contention listed in the file and build development actions such as medical examinations or evidence requests around that single issue. This narrow approach fails to acknowledge the interconnected nature of many claims. Veterans rarely submit claims involving only one condition, and each contention must be considered within the broader context of service history, medical evidence, and previously documented conditions. When VSRs do not fully review the entire claim at the outset, the resulting development plan is incomplete and misaligned with the veteran's actual needs.

Ordering examinations without a full review has cascading consequences. Once additional facts or contentions come to light that should have been clear from the beginning, new or sometimes duplicate medical examinations are ordered to correct earlier oversights. This repetition not only wastes VA resources but also prolongs the veteran's wait for a decision. In complex cases, especially those involving multiple service-connected conditions, these missteps can force veterans into a cycle of repeated examinations, conflicting medical opinions, and avoidable frustration. The veteran is ultimately penalized for a process failure that could have been prevented with a comprehensive record review at the outset.

Unnecessary examinations and fragmented development actions contribute to a disjointed claims process, adding avoidable delays and increasing the likelihood of improper or incomplete decisions. Ensuring that VSRs conduct a full, holistic review before initiating any development is critical to breaking this cycle. The VFW urges VA to strengthen training, oversight, and accountability to ensure that all relevant evidence is reviewed up front and that development actions reflect the totality of the veteran's claim. Only by doing so can VA deliver the timely, accurate, and veteran-centered service that claimants deserve.

Disability Benefits Questionnaires

Across our nationwide network of more than 2,300 accredited representatives, we consistently hear that the Disability Benefits Questionnaire (DBQ) system is in urgent need of modernization and accountability. Despite VA's assurances that its physicians routinely complete DBQs, the overwhelming reality is that most refuse to do so. Veterans are frequently told, incorrectly, that VA providers are prohibited from offering medical opinions or completing DBQs, or that doing so constitutes a conflict of interest. When this recurring problem is raised with VA leadership, it is often dismissed or met with vague promises of future review, with no meaningful progress. Compounding the issue, many veterans are shuffled through a constantly changing roster of VA physicians who claim unfamiliarity with the patient's history and refuse to complete the forms, leaving veterans without the medical documentation required for a fair and fully developed claim.

As a result of this persistent refusal, veterans are regularly advised to seek assistance from private providers who often lack familiarity with VA's evidentiary standards and do not understand how to properly complete a DBQ. Faced with confusion, discouragement, or financial barriers, many veterans abandon their claims altogether, or worse, turn to predatory Claim Sharks who charge high fees and produce questionable or fraudulent medical opinions. Even when these private opinions are exaggerated or fabricated, VA must treat them as valid medical evidence unless the provider is already identified as fraudulent, leading to inaccurate ratings and improper awards. In the most troubling cases, veterans who had no knowledge of wrongdoing could later face criminal exposure when the claim is deemed fraudulent. This is an outcome that no veteran should endure, and one that stems directly from VA's failure to provide reliable, accessible, and accurate DBQ support from its own medical staff.

A practical and effective solution is clear: VA must require its medical providers to complete DBQs upon a veteran's request and update all DBQ forms to include an integrated medical opinion section. Developing a comprehensive single form would ensure that qualified VA medical professionals, not untrained or unfamiliar private providers or predatory actors, are supplying accurate, ethical, and legally sound evidence. This reform would reduce the number of unnecessary compensation and pension (C&P) examinations, allow more claims to be rated on the evidence of record as provided for in the Code of Federal Regulation, and significantly accelerate the processing timeline. The VFW also strongly urges additional oversight of the DBQ program and requests continued involvement in any updates to ensure reforms align with the needs of veterans and the realities observed in the field. Veterans

deserve a system that supports them, not one that pushes them toward confusion, exploitation, and risk.

Contract Renewals

The VFW strongly opposes VA's continued use of two-year contracts for Medical Disability Examination Office (MDEO) vendors. Short-term contracting cycles create unnecessary instability, undermine program performance, and fail to leverage the efficiencies that federal acquisition policy is designed to promote. Instead, the VFW urges VA to adopt multi-year contracts consistent with the intent and advantages as outlined in Federal Acquisition Regulation (FAR) 17.105-2. Multi-year agreements would better support the complex, high-volume nature of MDEO operations and ultimately improve service delivery to veterans.

Multi-year contracting provides numerous benefits that are lost under the current two-year model. These advantages include reduced costs for both VA and contractors by eliminating recurring startup expenses; greater standardization of services and processes; and a significant reduction in administrative workload associated with frequent recompetes, negotiations, and renewals. Longer-term agreements also promote continuity of operations by minimizing disruptions caused by repeated transitions, preproduction testing, and phaseouts. Further, multi-year contracts support workforce stability, encourage contractor retention and expertise, and eliminate the need to develop new quality-assurance processes with each contract turnover. They broaden competition by enabling participation from vendors with higher initial investment requirements, and create incentives for contractors to invest in advanced technology, infrastructure, and workforce development, leading to sustained improvements in productivity and service quality.

Given the operational demands and national importance of medical disability examinations, VA should prioritize stability, efficiency, and long-term performance by transitioning to multi-year contracting. Such an approach reflects federal acquisition best practices, strengthens the quality and reliability of examinations, and ensures that vendors are positioned to deliver consistent, veteran-centered services. Multi-year contracts will reduce administrative burdens, enhance program continuity, and better serve veterans who depend on timely and accurate disability evaluations.

Chairman Luttrell and Ranking Member McGarvey, this concludes my statement. Again, thank you for the opportunity to offer comments on this issue.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2025, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.