

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

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**HEARING**

BEFORE THE

SUBCOMMITTEE ON DISABILITY  
ASSISTANCE AND MEMORIAL AFFAIRS

OF THE

COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

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**THURSDAY, NOVEMBER 20, 2025**

SUBCOMMITTEE ON DISABILITY ASSISTANCE &  
MEMORIAL AFFAIRS,  
COMMITTEE ON VETERANS' AFFAIRS,  
U.S. HOUSE OF REPRESENTATIVES,  
*Washington, DC.*

The subcommittee met, pursuant to notice, at 12 p.m., in room 360, Cannon House Office Building, Hon. Morgan Luttrell (chairman of the subcommittee) presiding.

Present: Representatives Luttrell, Bergman, Self, McGarvey, Pappas, Dexter, and Morrison.

**OPENING STATEMENT OF MORGAN LUTTRELL, CHAIRMAN**

Mr. LUTTRELL. The subcommittee will come to order. The chair may declare a recess at any time. Once again, good morning to everyone.

This morning, the subcommittee is conducting oversight on one of the Veterans Benefits Administration's (VBA) most critical offices, supporting and overseeing the disability claims process, the Medical Disability Examination Office, or the MDEO. This is the office responsible for managing contractors who conduct medical disability exams for veterans nationwide.

Those exams form the foundation of the medical evidence used by VBA to evaluate a veteran's claims for disability compensation. If an exam is wrong, incomplete, or inaccurate, or delayed, the veteran, obviously, may not receive the benefits they have earned for their service.

That is what we are going to focus on today. Accuracy, accountability, and a positive outcome for our brothers and sisters.

When a veteran files a claim for disability compensation, Veterans Affairs is responsible for helping the veteran prove their eligibility for benefits. For years, U.S. Department of Veterans Affairs (VA) has relied heavily on its own clinicians at VA medical centers to perform these exams. As demand has increased, VA turned to vendors to help handle the workload to ensure quicker process rates and shorter wait times.

Today, more than 90 percent, 90 percent, of all exams are done outside the VA through contractors. Sourced out of four major contractors, four major contractors, these multi-year contracts cover more than 9 million exams and a multi-year budget ceiling of 13

billion dollars. A contracted medical examiner uses a disability benefits questionnaire, or DBQ, to document the veteran's symptoms and medical findings. MDEO, the VA office responsible for exam oversight, ensures DBQs meet quality standards, that vendors are held—and that vendors are held accountable, and that the taxpayer's investment is delivering for our veterans.

According to a recent report from the government of—not affairs—accountability, the Government Accountability Office (GAO), that might not have happened over the past couple years. The Accountability Office found that MDEO wrongly awarded millions of dollars in financial incentives in 2024 to vendors who did not meet performance standards. Production, customer satisfaction, exam quality, timeliness in scheduling, and timeliness and completion as well. When vendors meet or exceed these metrics, they can earn a bonus or face financial penalties if they fall short.

The Accountability Office found that MDEO used a manual process to calculate these incentives, which had no standardized checks or formal written procedure to verify the accuracy of payments. Apparently, MDEO miscalculated performance scores and overpaid vendors again by millions of dollars. The office charged with maintaining quality assurance and disability claims for veterans did not—did not consistently apply the standards that are necessary.

The Accountability Office recommended MDEO develop written procedures and automated verification tools. MDEO says they have started doing that, which is obviously a great step forward. The Accountability Office also found that MDEO has fallen short in meetings—in meeting its own schedule for special focus reviews, known as SFRs.

These reviews are supposed to happen every 2 years for complex claims such as traumatic brain injury (TBI), military sexual trauma, and Gulf War illness. These are the cases most prone to error, where exam quality can make or break veteran's claims. Two are overdue and the third one, a start date, has not been provided, from what I understand.

Let me be perfectly clear, if there is one area where you cannot cut corners, it is in the cases revolving around post-traumatic stress, post-traumatic stress disorder, and traumatic brain injury. Without these reviews, MDEO has no way to know if its previous corrective actions are working or if the exam quality is improving. Without understanding if exam quality is improving, it also means MDEO cannot update examiner training or identify and correct DBQ errors. The same errors keep happening, leaving some veterans with delays or incorrect decisions. This is a systematic failure.

The Accountability Office also identified new areas for improvement, suggesting that MDEO gather more feedback from the field. Contracted examiners told the Accountability Office they often have no direct line of communication with the VA. Instead, they are told to send the feedback through their vendors. This sounds harmless, but make no mistake, it is not.

One examiner told the Accountability Office that different vendors have conflicting instructions on how to fill out the DBQ. Therefore, depending on which contractor a veteran is scheduled

with, their exam might be completely different, even though it is for the same condition.

That kind of disconnect undermines the trust in the system. MDEO is the office for—MDEO is the office responsible for ensuring exam consistency. To their credit, MDEO says they are developing a direct feedback line so examiners can raise issues directly to the office.

A pattern of manual errors, misreviews, and broken communications are being fixed. This issue points out a broader issue with MDEO. Of course, there is always more to do. We need a proactive, not a reactive VA.

With that, I will yield to the Ranking Member.

**OPENING STATEMENT OF MORGAN MCGARVEY, RANKING MEMBER**

Mr. MCGARVEY. Thank you, Mr. Chairman, and thank you all for being here today.

We often say, and I think it is true, there is no wrong door into the VA. Whenever, wherever, and however a veteran comes into the VA, they are all welcome there. We know that their health and financial well-being will be better for it. However, it is also true that for most veterans, the entry point into the VA benefits is the compensation and pension system. Applying for disability benefits and then receiving a disability rating and the VA healthcare that follows, that is the most common door that veterans walk through to get into the VA. The key to that doorway for most veterans is the compensation and pension exam, or the C&P exam, which documents their medical conditions and provides the basis for a claims decision. Ensuring that this exam process operates in a way that best serves the veteran is crucial.

To me, that means that the exam can be scheduled quickly and happens close to home, is conducted by a competent, qualified medical professional, and is completed thoroughly and accurately. It is extremely important for VA, and specifically the Medical Disability Exam Office, or MDEO, to ensure all that happens correctly. Unfortunately, in too many instances, it seems that our current system of contract exams fails a lot of veterans, and MDEO fails to oversee it properly.

You can just come to my office and take some of the calls or go on social media and just look through and be flooded with stories of veterans having exams scheduled without their knowledge or in locations that are hugely inconvenient for the veteran and the family to get to. We hear tons of stories about veterans being sent to an exam that has nothing to do with their condition, or veterans sent to doctors who do not have the specialty training needed for their injury or illness, or a less than 10-minute mental health exam, or orthopedic exams conducted via telehealth. The stories are endless.

VA is supposed to be monitoring the conduct of these examiners and holding contract vendors accountable. Unfortunately, it does not seem as though this is happening as thoroughly as it should. In fact, MDEO seems to think that everything is running smoothly with these vendors. That assessment just does not match up with what we are seeing out here in the real world.

A recent Government Accountability Office report noted that \$2.3 million in incentive pay was incorrectly given to contracted examiners. I do not know about you, but I find that alarming, especially as only a half million in penalties were imposed on contracted examiners who did not meet quality standards. To me, that seems low based on what we hear from our constituents.

Today, I hope that you all can help us square that circle, because I look forward to hearing about the progress that the MDEO has made after the significant backlog experienced during the 2020 pandemic. I look forward to an honest discussion about where MDEO is falling short and not living up to its mission to serve veterans. That is what we do here. Our mission is to serve veterans. On this committee, we come together to honor that promise we made to take care of the men and women who put on a uniform for us.

We want to continue to see a pattern—as we continue to see a pattern of challenges with oversight, quality, and assurance, and adequate control over these contract exams, we want to get to the bottom of it. Since about 90 percent of disability exams are done outside the VA by for-profit third-party contracted examiners, it is really about time we get a better handle on this program and put stronger rules and quality checks in place. A program this large and this hard to oversee is open to abuse or even just mistakes that ended up costing our veterans time and our taxpayers' money. As we continue to work on behalf of veterans, we must hold VA and those in contracts to conduct exams to a high standard.

That is the work we embark on today. I really appreciate you all being here and look forward to hearing your remarks.

Mr. Chair, I yield back to you.

Mr. LUTTRELL. Thank you, Mr. McGarvey.

I will introduce the witnesses.

From the Government Accountability Office, we welcome Ms. Elizabeth Curda, Director of Education, Workforce, and Income Security. Good morning.

Our lead witness from VA is Ms. Mary Glenn, Deputy Director of the Medical Disability Examination Office at the Veterans Benefits Administration. Good morning.

She is joined by Ms. Tara Flores, Director of Acquisitions Service at the Strategic Acquisition Center within the Office of Acquisitions, Logistics, and Construction. Did you write that? That is impressive. Thank you for being here today.

I ask that the witnesses please stand and raise your right hand.

[Witnesses sworn.]

Mr. LUTTRELL. Thank you. Let the record reflect that the witnesses have answered in the affirmative. You may be seated. Thank you.

Ms. Curda, you are now recognized for 5 minutes to deliver your opening statement on behalf of the Government Accountability Office.

#### **STATEMENT OF ELIZABETH CURDA**

Ms. CURDA. Good morning. Chairman Luttrell, Ranking Member McGarvey, and members of the subcommittee, I am pleased to dis-

cuss GAO's work on VBA's oversight of the quality of contracted disability examinations.

When veterans file claims for disability benefits, VBA claims processors may request medical exams for veterans before making decisions on their claims. These exams help determine whether disability benefits are warranted, and if so—

Mr. LUTTRELL. Ms. Curda, I apologize. Is your microphone on?

Ms. CURDA. Can you hear me better now?

Mr. LUTTRELL. There you go. Thank you. I apologize. Can you kind of lean into it?

Ms. CURDA. Yes. Do you want me to start again?

Mr. LUTTRELL. Nope.

Ms. CURDA. Okay.

Mr. LUTTRELL. I could vaguely hear you. You are good to go. Thank you.

Ms. CURDA. The responsibility for performing these exams has largely shifted from VA medical centers to contractors who provide the medical professionals called examiners. In 2024, they performed 93 percent of the exams at a cost of over \$5 billion. Robust oversight of contractors is important for ensuring quality exams because errors can result in incorrect decisions, costly rework, and delays for the veteran.

To oversee contracted exam performance, in 2016, VBA established the Medical Disability Exam Office.

My testimony today discusses first, VBA's processes for overseeing exam quality and second, GAO's five recommendations for improving these processes.

Since 2016, VBA has refined its processes for overseeing contracted exams and implemented numerous GAO and VA Inspector General (IG) recommendations along the way. VBA oversees exam quality using a variety of techniques that fall into three categories.

Prevention. These techniques aim to prevent errors or low-quality work from occurring during exams. These include things like training and guidance. Second, detection. These techniques aim to identify exam errors that do occur. These are things like using checklists to review completed exam paperwork for errors. Third, correction. These techniques respond to exam errors. Things like contractor quality action plans, and imposing financial incentives for performance.

While VBA has put in place these oversight processes, our recent work has identified opportunities to strengthen them. Specifically, in our 2024 and 2025 reports, we found first, breakdowns and procedures for tackling the most frequent or complex problems with contracted exams. Second, incorrect financial incentive payments to contractors. Third, a gap in obtaining firsthand perspectives from examiners, a key stakeholder group.

To address these issues, GAO made five recommendations. The VA agreed or agreed in principle with each recommendation and has described plans to address them. As of today, VA has made some progress, but none of the five have been fully implemented. VA needs to fully address these recommendations to improve exam quality. Let us look at each of these recommendations now.

Two of our five recommendations focus on VBA's efforts to correct the most frequent exam errors and address the most complex

problems, such as claims dealing with military sexual trauma and traumatic brain injury. For example, we found VBA's oversight of contractors planned corrective actions lacked procedures to follow up to determine whether they were implemented and effective. Effectively addressing root causes is critical for correcting the identified problems and preventing future reoccurrences, all while fostering a culture of a continuous improvement.

Two other recommendations deal with VBA's efforts to hold contractors accountable by assigning financial incentives to contractors based on their performance, which includes exam quality. We found that VBA did not have written procedures for checking the accuracy of its calculations for these incentives, resulting in some mistakes. For instance, VBA overpaid almost \$2.3 million in financial incentives in the first quarter of Fiscal Year 2024.

Our fifth recommendation focuses on collecting and addressing feedback directly from examiners who perform these exams and who provide a key perspective on exam quality issues. We found that VBA did not collect feedback directly from examiners. Five of the six examiners we randomly selected and interviewed said that they would like the opportunity to provide feedback directly to VBA. All six said unaddressed concerns about quality made it harder to provide quality high quality exams.

In summary, fully implementing our five recommendations would help VBA improve exam quality, particularly by identifying and correcting the most frequent errors and tackling the most complex issues. Ultimately, improving the contracted exam process would support accurate decisions on claims and help veterans receive benefits they are entitled to without delays.

This concludes my prepared statement, and I am happy to address your questions.

[THE PREPARED STATEMENT OF ELIZABETH CURDA APPEARS IN THE APPENDIX]

Mr. LUTTRELL. The written statement of Ms. Curda will be entered into the record.

Ms. Glenn, you are now recognized for 5 minutes to deliver your opening statement on behalf of the Department of Veterans Affairs.

#### STATEMENT OF MARY GLENN

Ms. GLENN. Thank you, sir. Good morning, Chairman Luttrell, Ranking Member McGarvey, and distinguished members of the subcommittee. Thank you for the opportunity to appear before you today to discuss disability examinations administered by the Department of Veterans Affairs. I am joined today by Tara Flores, Director of Acquisition Service, Strategic Acquisition Center.

Over the last several years, VBA has made concerted efforts to improve the contract exam experience for our veterans while simultaneously improving output and accuracy. During this same period, several landmark pieces of legislation, such as the The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act, were signed into law. These pieces of legislation led to unprecedented increases in the number of exams requested for veterans. Due to the unexpected increase in volume, VBA took actions to address these challenges, such as adjusting projections and contractual obligations. This included col-

laborating with the GAO, internal partners, Congress, veteran organizations, and others to identify problems and generate solutions.

In Fiscal Year 2025, VBA completed over 3.3 million examination scheduling requests. This resulted in over 4 million appointments and nearly 9 million disability benefits questionnaires, or DBQs. During the fiscal year, the average time to complete exams was 26.4 days, a marked improvement from the 35.7 days in the prior fiscal year. Further, VBA's overall veteran satisfaction score remained high among those who completed the after visit survey. While we are proud of these accomplishments, we recognize there is always room for improvement. Therefore, VBA continues to enhance our internal controls, grow our network of clinicians, and explore opportunities to leverage new and existing technologies.

Recently, Congress extended the license portability provision of the Isakson Roe Act, which allows contract examiners to provide services in any State or U.S. territory without having to obtain multiple licenses. This flexibility has allowed VBA to extend service to rural veterans, Native American communities, and support claims clinics throughout the country. We want to extend our sincere thanks to the committee and Congress for passing this provision. This provision is critical to the success of our ability to perform examinations closer to where the veteran lives.

VBA is most excited about the opportunity to modernize the disability exam process by evaluating advanced tools and technologies and reducing administrative burdens. A key area of focus is to enhance our processes so that we can make more decisions based on the information we already have. VA is looking to leverage new technology to accomplish this. This would enhance veterans' experience by reducing the potential need to attend examinations.

Another area of interest is to increase the use of private provider DBQs that are completed by local examiners. This could help reduce the need to travel to an examination, thereby improving veteran experience. Collaboration across the entire enterprise and with our stakeholders is essential to ensuring an efficient veteran-focused service. While VBA continues to innovate and improve veteran experience, we must also realize that there are additional improvements to be made.

We continue to partner with GAO to identify issues and challenges and provide recommendations to improve our business processes. In August 2025, GAO issued a report on improving the quality of contract exams for veterans. I am pleased to report that MDEO has recouped the overpayments mentioned in the report, enhanced our methodology to prevent future errors, and implemented all recommendations. As a result, we will be requesting closure.

Mr. Chairman and Ranking Member McGarvey, I want to express my appreciation for your continued support of veterans, their families, caregivers, and survivors. We remain dedicated to continually improving medical disability examinations, and we are grateful for the authority Congress has given us to obtain contract examinations for veterans and transitioning service members.

This concludes my testimony. My colleagues and I are happy to respond to any questions you or the subcommittee may have.

[THE PREPARED STATEMENT OF MARY GLENN APPEARS IN THE APPENDIX]

Mr. LUTTRELL. Thank you, Ms. Glenn. The written statement will be entered into the hearing record.

We will now move to questioning.

Ms. Curda, MDEO failed to improperly implement quality checks. As far as incentive pays, when was the first GAO report asking VA to do that? What year?

Ms. CURDA. We developed that finding in a report that was issued this year in September.

Mr. LUTTRELL. This year?

Ms. CURDA. Yes.

Mr. LUTTRELL. From what I understand, Ms. Glenn, you told me that that is being taken care of, correct?

Ms. GLENN. Yes, sir.

Mr. LUTTRELL. How far along were we and how did we find the—how did we find that discrepancy? That payment? I mean, how did that show up? It went outbound. Who was looking at it and found it?

Ms. GLENN. Actually, it was brought to our attention by GAO. Based on that, we went back and audited all of our incentives and disincentives that were paid since we changed the incentive and disincentive structure. The structure was changed in a modification in September 2021. We went all the way back to Fiscal Year 2022 and checked everything and found no other discrepancies.

Mr. LUTTRELL. Okay. Why did not the vendor say something?

Ms. GLENN. We determine—

Mr. LUTTRELL. Well, I mean, I got it. I probably would not say anything either if you overpay me. \$2 million. However—

Ms. GLENN. Yes, we determine how much money the vendor will get or not get. The vendor does not tell us how much money they should get for incentives. We tell them we have a quarterly report, performance report, with them every quarter. We provide them with the information and the details of their performance. At that point, we tell them how much they should get, either an incentive or how—

Mr. LUTTRELL. I asked you this question earlier.

Ms. GLENN [continuing]. disincentives.

Mr. LUTTRELL. How much should they have gotten?

Ms. GLENN. It was that \$2.3 million was over two different contracts. It varied based on the contract. I can get you the specifics after this.

Mr. LUTTRELL. Okay, that has got to be interesting to see how that happened. As far as course correcting this, my question earlier was, is this one specific individual? Your response was no.

Ms. GLENN. Yes, sir.

Mr. LUTTRELL. I want you to walk the committee through that, please.

Ms. GLENN. The invoices come in from the vendors. They are immense. That is beside the point. They are reviewed by the contracting officer representatives, who then pass it on to their lead for approval. Once that approval is done, the funding packages are—sent forward through a portal, and they go to the Office of Financial Management, who controls the portal. They do not do a check on it. Then it goes straight to the Treasury.

Mr. LUTTRELL. The way I understand it, for our conversation, is now there is a series of checks and balances, internal—

Ms. GLENN. Yes, sir.

Mr. LUTTRELL [continuing]. internal to the VA.

Ms. GLENN. Yes, sir. Previously, this was—

Mr. LUTTRELL. That way, this problem does not happen again. Now, my question is, two contracts for 2.3 million, plus or minus, and incentive pay is—is for them to complete their job, which we pay them to do anyway. Is that bonus included in the initial contract? Or is that something that the VA say, hey, this is a great idea. We are going to give you this to keep going.

Ms. GLENN. No, sir. The incentive and disincentive structure is built into the contract. If that is what you are asking me.

Mr. LUTTRELL. It is, but you told—explain to me how that works. You told me earlier, the VA creates that number that you pay the specific corporation. If it was—

Ms. GLENN. Yes, it is based on—

Mr. LUTTRELL [continuing]. already in there—

Ms. GLENN. It is based on their—

Mr. LUTTRELL. Hold on for a second. If the number is inside the contract, they would know how much they are supposed to receive.

Ms. GLENN. They—

Mr. LUTTRELL. Correct?

Ms. GLENN. The number in the contract is a percentage. A percentage of their invoice. So,—

Mr. LUTTRELL. Which is laid out in, I am assuming, phases. They hit phase one and completed phase one, they would know the percentage of the incentive pay that is coming their way?

Ms. GLENN. Yes, sir.

Mr. LUTTRELL. Okay, great. When they got \$1.5 million more than what that contract stated, you are telling me they did not call you up and say, hey, you overpaid us \$1.5 million?

Ms. GLENN. No, sir, because there are changes to the invoice quite frequently. Some of the charges that they put on the invoice may be erroneous, and we make them go back and either correct them or—

Mr. LUTTRELL. Apparently, we missed that.

Ms. GLENN. Well—

Mr. LUTTRELL. If we paid them \$2.3 million.

Ms. GLENN. How did the vendor miss it?

Mr. LUTTRELL. No, we did. I am sorry. The proverbial we. The VA.

Ms. GLENN. Oh, yes, sir. It was at that point in time, a manual process being reviewed by, as I said, a couple of people. We have changed that now. We have an automated process that is put into place. We have a statement of operations that everybody will follow. It is a written statement. We have checks in place. We also have an audit contract now.

Mr. LUTTRELL. Okay, Ms. Glenn, I will come back to that question. Apologies. Ranking Member.

Mr. MCGARVEY. [inaudible].

Mr. LUTTRELL. Thank you. Continue.

Ms. GLENN. We have an audit contract in place, and we are working with VA's data team to further refine our reports and provide us with an additional check on the invoices.

Mr. LUTTRELL. Okay. We just created this recently and we have been doing this for a very long time?

Ms. GLENN. Yes, sir. That has been something that we have been trying to do.

Mr. LUTTRELL. Okay. Thank you. Mr. McGarvey, sir, you are recognized.

Mr. MCGARVEY. Thank you, Mr. Chairman. Ms. Glenn, we will just stick with you. How much money does MDEO pay contracted medical examiners annually?

Ms. GLENN. Sir, we do not pay the examiners. We pay the vendors, and the examiners are subcontracted through the vendors.

Mr. MCGARVEY. How much do you pay the vendors?

Ms. GLENN. It is dependent upon how many exams they complete for us. It varies by region and by location. Rural areas will not cost as much as New York City, for example. It depends on the type of examination.

Mr. MCGARVEY. What is the total?

Ms. GLENN. The total for exams, let me get back to you on that, sir.

Mr. MCGARVEY. Okay. How many exams are they conducting per year?

Ms. GLENN. Last year, we did 3.3 million exams.

Mr. MCGARVEY. 3.3 million exams. That is nationwide?

Ms. GLENN. Yes, nationwide and internationally.

Mr. MCGARVEY. Okay. You are telling me that there can be different costs depending on where those services are. Fine. We do want to know how much you are paying total, every year, in this. Do you know roughly what the cost is per exam?

Ms. GLENN. I do not, off the top of my head.

Mr. MCGARVEY. Okay.

Ms. GLENN. Let me take that back.

Mr. MCGARVEY. Do you know what—do you know whether it would be cheaper, or the same price, or more expensive if those exams are done by Veterans Health Administration (VHA) employees?

Ms. GLENN. I do not have that information right now, sir. I will say that every exam request that comes in hits against VHA first, and it only comes to the contract if VHA does not have the capacity to complete that examination close to the veteran's home.

Mr. MCGARVEY. Right. You will get us the information—

Ms. GLENN. Yes, sir.

Mr. MCGARVEY [continuing]. about the difference and how much it costs? Okay, good. The program you are overseeing is really large, and we are getting that by some of the answers you do not have today. Do you have everything you need to properly oversee this program at this point?

Ms. GLENN. Yes, sir. I mean, there is a lot of improvements that we want to make. As I pointed out in my opening statement, there is a lot of technology that we want to check out and see if it can help us improve our process. We thank you so much for the license portability extension. That is a major thing for us, and it really

helps us be able to provide exams in rural areas and across the country.

Mr. MCGARVEY. I asked you if you have everything you need. You said yes, and then you told me the things you want. I am going to ask you again, do you have everything you need to properly oversee this program?

Ms. GLENN. There is always room for improvement, sir.

Mr. MCGARVEY. Okay. Okay. Let us know what those are.

Ms. GLENN. Okay.

Mr. MCGARVEY. You know, we—we want to make sure that our veterans are being taken care of and that taxpayer money is being taken care of, and we can do both of those things at the same time.

I understand that MDEO lost a lot of staff at the beginning of the year. Have you all replaced those employees?

Ms. GLENN. We have enough staff right now to continue to do our primary mission. We did lose some people. Some were expected retirements. We—we are still keeping on and we continue to be able to provide examinations for veterans and keep track of those examinations.

Mr. MCGARVEY. That was a government answer. You have lost employees, you say—I get it. We are not—we want to take care of our veterans. We want to give you the tools you need to take care of our veterans. What happened? What do you need?

Ms. GLENN. Again, I would say that we are going to be able to do that. We are hopeful that a new organization chart will be coming out shortly, and we will see what that looks like. We—but we have enough people right now to continue our primary mission.

Mr. MCGARVEY. Okay. We will keep hitting on some of this stuff. We want to get to the bottom of it, not just have the government speak here in this committee.

There are a lot of cuts because of Department of Government Efficiency (DOGE) earlier this year, and there are a lot of contracts that were cut. MDEO had several significant contracts canceled, including one to conduct financial audits and invoice validations, and one to collect data from veterans and their experiences. Has the VA restored any of these contracts and or otherwise replaced the capacity to do so?

Ms. GLENN. Yes, sir. We were able to restore the financial audit contract. It is now in place. We are working with the Veterans Experience Office, and they have helped us develop a new survey, which started going out to veterans the first week in September.

Mr. MCGARVEY. Okay. Ms. Curda, I am going to ask you a question really quickly. I understand that you all were tracking those cancellations as well in your August 2025 GAO-25-107843 report. GAO said VA should do a better job making sure its contractor incentive payments are calculated correctly. Does that answer line up with what you all are seeing? Do you feel that MDEO needs those services, whether contracted or in-house, to do proper oversight? You have very little time, and I apologize.

Ms. CURDA. Yes, I think those contracts are necessary. They factor into the incentive payments, which consists of quality, timeliness, and customer experience. If you are missing the people who validate the timeliness measures, if you are missing the customer experience measure, then you are—you are not going to be able to

calculate the performance incentive payment and or they may be incorrect. I think they are important. Just I want to point out that the Veteran Experience Survey was recommended by the IG as to be done externally to the agency. I do not know, I think, maybe now it is being done internally.

Mr. MCGARVEY. Thank you. Mr. Chairman, I yield back.

Mr. LUTTRELL. Thank you, Mr. McGarvey. General, you are recognized for 5 minutes, sir.

Mr. BERGMAN. Thank you, Mr. Chairman. Let me make a generic statement here first. Bureaucracies, good bureaucracies, are necessary and Okay. We need that. Stovepipes, not so much. What I am hearing here is seems to be some really solid effort within a bureaucracy to look at and manage stovepipes that detract from the value of the outcome.

In recent months, I have heard from veterans and Veterans Service Organizations (VSO) in my district that critical medical evidence meant to support a veteran's claim is not consistently reaching compensation and pension examiners at the VA. When a veteran's service representative flags certain files for an examiner, I have heard that these files reach the medical examiners enlarged, unorganized, dense, basically, packets that show no level of help for that person who is going to look at them next. When that evidence does not reach the examiner or is not properly organized, exams are conducted without key facts. I think we would all agree, DBQs could be completed inaccurately, leading to a denial by the VBA. Combined with GAO's findings on exam oversight gaps and delayed quality reviews, it is clear that there is some systemic breakdowns affecting those veterans' outcomes.

I am trying to understand what causes the breakdown, you know, as a, I guess, thinking as a pilot, we have to do things in certain orders. Checklists, complete checklists, to ensure that the flight is flown safely. Then after it is flown, we do a maintenance log to make sure that that plane is ready for the next crew.

Along those lines, Ms. Curda, is VA's Medical Disability Examination Office responsible for overseeing the DBQs?

Ms. CURDA. Yes, they are.

Mr. BERGMAN. Okay. Based on your audit work at GAO, to what extent might missing evidence contribute to DBQ errors, inaccurate exams, or improper denials?

Ms. CURDA. Yes, it would contribute to those things if that is occurring. Yes.

Mr. BERGMAN. Okay. Ms. Glenn, when a compensation and pension examiner is assigned a case, what information that may be submitted by a veteran or VSO are they able to see?

Ms. GLENN. Yes, sir. If it is in the veteran's claim folder, everything is sent over to the examiner.

Mr. BERGMAN. Okay. Then what quality controls are in place to verify that required evidence appears in the exam packet before the examiner conducts the evaluation? Have they got the whole maintenance log on this veteran?

Ms. GLENN. Yes, sir. It is done automatically. As soon as a veteran is scheduled for an examination, it is an automatic push to the vendor. The entire file goes over.

Mr. BERGMAN. The push is automatic. How is the vendor's evaluation of the data in front of verified that they had it all?

Ms. GLENN. To your point about marking things, the claims processors review, also review the file, and they do tab evidence that could be relevant. It is the examiner's job to review the entire file. We do check and make sure that the entire file goes over.

Mr. BERGMAN. Is it a random check or 100 percent check?

Ms. GLENN. I could not tell you that, sir. I will have to get back to you.

Mr. BERGMAN. Okay. Well, Ms. Glenn, will MDEO commit to reviewing the process and form in which medical examiners receive a veteran's supporting documents? It would be basically standing there looking when that uniquely organized packet shows up?

Ms. GLENN. Yes, sir.

Mr. BERGMAN. Okay. Well, again, I see my time is about to run out. We know one thing for sure, veterans never quit. We cannot quit on the veterans. We have to continue to refine the oversight and the detail of that oversight in an ever-changing world where we use the processes available to us now to be better at what we do on the veterans' behalf, because they are counting on us.

With that, Mr. Chairman, I yield back.

Mr. LUTTRELL. Thank you, General. Mr. Pappas, sir, you are recognized for 5 minutes.

Mr. PAPPAS. Thank you very much to the Chairman and Ranking Member for holding this session.

Ms. Glenn, if I can start with you. We heard from Ms. Curda before about a recommendation around the non-collection of feedback from examiners who want to offer it to make sure that they are giving feedback to VA, that things are moving ahead for veterans as quickly as possible, and that processes are being improved. You said that you implemented all recommendations. Can you speak to how you are collecting feedback from examiners and what value you think that is going to provide?

Ms. GLENN. Yes, sir. Thank you. Yes, we have established a portal for the examiners to be able to come directly to MDEO and provide us with feedback. The portal was announced on the learning management system that we give—that all the examiners have access to. As well as we had the vendors put out an announcement that the portal was live and ready to go. We also sent emails to each of the examiners and told them individually that the portal was live and here was the link. The portal was live by the end of September. I have a staff of people who are regularly reviewing the questions or answers. We have even gotten compliments coming through the portal. We are looking at all of those as they come in. If there is anything that needs action, we are referring it to the proper place. So far, it has been successful.

Mr. PAPPAS. You are not proactively soliciting that feedback by going to the examiners. It is sort of like a suggestion box where examiners can just submit on their own?

Ms. GLENN. Well, you know, we did send them an email and let them know that it was live, and we had the vendors tell them all on in their chain. We also it is a flag across the top of the learning management system with the link that they can click on and give us the extra information.

Mr. PAPPAS. Okay. Well, I would be interested to see how that is working and if that is giving you some constructive information that you can then use to help improve processes.

I want to ask about another thing that is a pain point for veterans. We hear about it all the time in our office, and that is scheduling. In September of this year, a Navy veteran from the town of Freedom, New Hampshire, who is 100 percent service-connected and battling cancer, contacted our office because she was in pain, needed medication, could not get her exam rescheduled. Days later, she contacted us again because another appointment was suddenly canceled because VA failed to send the medical records to the contract examiner. Her experience is not unique. We hear routinely from veterans experiencing roadblocks and trying to secure, reschedule an appointment. Contracting out the exams was supposed to speed things up to get benefits to veterans faster. This is not what a lot of veterans who are reaching out are experiencing.

Ms. Glenn, what options do veterans have when they are assigned an appointment at a time or location that they cannot attend? Why is rescheduling so difficult when we know that veterans are going to bear the consequences if they cannot make it?

Ms. GLENN. Yes, sir. We realize that it is a pain point, and we are working very hard to try to make it a better place. We are looking at some automation, some technology that would allow us to see across the board all appointments that would be available to a veteran in a specific time and date, so that they could then choose the appointment that is most convenient to them. This is something that VHA is already using, and we are working very hard to plug into that piece of technology.

Mr. PAPPAS. You mentioned location of exams, too, and we hear about this from veterans. Driving 50 or 100 miles does not work for some veterans. The veteran I referenced earlier experiences hip issues and long car rides bring her significant pain. We should be making this process easier. I am wondering if you can speak to the ways that VA monitors coverage gaps in terms of geographic areas and how you evaluate those? What steps VA can take to get these exams closer to home for veterans?

Ms. GLENN. Yes, sir. One of the things that we do, the contract allows 50 miles for a general medical exam and 100 miles for a specialty exam. If the veteran has to travel beyond those limits, they have to have consent from the vendor—to the vendor, to us, that they are willing to travel those additional miles.

We have done all kinds of things. We have—the vendors have mobile units, medical mobile units, that travel circuits throughout rural communities so that they can provide exams where the veterans live. I talked about the License Portability Act and how important that is to us. We are looking at every way possible to try to make this more convenient and less stressful for veterans.

Mr. PAPPAS. Appreciate the feedback. My time is up, so I yield back.

Mr. LUTTRELL. Thank you, sir. Dr. Morrison, you are recognized for 5 minutes.

Ms. MORRISON. Thank you, Mr. Chair, and thank you to our witnesses for being here today as we discuss the Medical Disability Exam Office and consider what its best practices should be moving

forward. We know the PACT Act was a huge step forward in providing our veterans with the care and benefits that they have earned and deserve. We also know that it greatly increased the administrative burden on the VBA and MDEO. I am looking forward to hearing more about how VA has navigated these and other challenges over recent years.

Ms. Glenn, in your testimony, you referenced that MDEO is evaluating advanced clinical and evidence review tools that have the potential to reduce in-person examinations, improve consistency, and accelerate outcomes for our veterans. Could you share more about what tools you are looking at and how you plan to streamline the claims process while also ensuring that every veteran continues to get a fair review of their claim?

Ms. GLENN. Our intent is to reduce the number of in-person examinations that are needed. We want to be able to rate or make a decision for the veteran based on the evidence that they submit to us, that is already of record. That is one of the things that we are looking at, technology-wise, on how to do that best. We are actively pursuing and looking at different options and talking to the experts about the best way to move forward.

Ms. MORRISON. Okay, thank you. VSOs can play a critical role in helping transitioning veterans apply for and obtain their benefits. You know, as I was reading through The Veterans of Foreign Wars of the U.S. (VFW) statement for the record, their observation about multi-year MDEO contracting caught my eye. Their case was that moving from a 2-year contract cycle to a longer-term model could save money and improve outcomes for veterans by reducing contractor turnover and incentivizing contractor investment, improved technology, and workforce development. I guess this is to all of you. Do you agree with VFW's assessment and what are your impressions of the current contracting model versus a multi-year model?

Ms. GLENN. Yes. Yes, to a certain degree. Often, there are technological changes that will require us to get a new contract. Traditionally, yes. I will tell you, we are already working on what will be considered a multi-year contract.

Ms. MORRISON. Ms. Curda.

Ms. CURDA. That was my understanding as well that they are have started on a contract that I think goes for 10 years. Is that correct?

Ms. GLENN. That is still up.

Ms. CURDA. Oh, still up. Okay. Sorry.

Ms. MORRISON. Okay.

Ms. CURDA. Yes.

Ms. MORRISON. Okay. Ms. Glenn, I want to close by asking you about an Inspector General report from September that found that 29 out of 100 VHA medical opinions reviewed were provided before the examiner had completed PACT Act training. What steps are being taken to ensure examiners complete their PACT Act training and that any erroneous claims are being reviewed and rectified?

Ms. GLENN. Yes, ma'am. I can speak to VBA. I believe there were only three contract examiners who were found to have not completed their training. To your point, we review all VBA contract examiners' training on a monthly basis. The vendors are required to

provide us a list of all of their active examiners every month, and we run that against our learning management system to ensure that all of the examiners have completed their training before they start to complete exams.

Ms. MORRISON. Thank you, ma'am. Thank you, Mr. Chair. I yield back.

Mr. LUTTRELL. Thank you, ma'am. How much, Ms. Glenn, how much money did the VA collect in penalties last year?

Ms. GLENN. Sir, I do not have that information. We are still going through fourth quarter information. As soon as we have completed that, I will let you know.

Mr. LUTTRELL. There is no, well, we found all the incentive pays that we do not—we are not tracking that in parallel?

Ms. GLENN. Well, the incentive payments for fourth quarter have not been awarded yet.

Mr. LUTTRELL. The 2.3 million that went maybe—Okay, let me back the year up then. The 2.3 million overpayments—

Ms. GLENN. Was from 2024.

Mr. LUTTRELL [continuing]. you would have found the—you would have found the penalty—penalties as well, correct?

Ms. GLENN. Yes, sir.

Mr. LUTTRELL. How many were there?

Ms. GLENN. For 2024?

Mr. LUTTRELL. Yes.

Ms. GLENN. Okay, I will have to get back to you.

Mr. LUTTRELL. What is the probability—did the two corporations, or the two companies, or the two vendors, excuse me. Did the two vendors that received the overpayment, were they ever hit with penalties?

Ms. GLENN. Yes, sir.

Mr. LUTTRELL. They were? That magic number would not happen to be the same amount as the overpayment, would it?

Ms. GLENN. No, sir.

Mr. LUTTRELL. Are we certain?

Ms. GLENN. I am positive. almost positive that it is not the exact same number, but it—

Mr. LUTTRELL. Plus or minus \$5, maybe?

Ms. GLENN. Sir, I cannot say off the top of my head. I will be happy to get that for you and give it back to you.

Mr. LUTTRELL. Okay. I just want to make sure that the vendors are not taking advantage of the situation.

Ms. GLENN. Yes, sir. Understand.

Mr. LUTTRELL. I am sure you can appreciate that.

Ms. GLENN. Yes, sir.

Mr. LUTTRELL. As far as examiners go, when they respond to the portal, who is the staff, your staff, responding directly to the examiners?

Ms. GLENN. Oh, yes, sir. In some instances, we have, if the situation warrants. As I said, a lot of, I mean, as I said, some of the things that we have gotten have been compliments. Some of it has been suggestions. Some of it—there is just a whole wide variety of things that they are—

Mr. LUTTRELL. Are the examiners—

Ms. GLENN [continuing]. about.

Mr. LUTTRELL [continuing]. apprehensive about responding to the portal in fear of—I should not say it that way—because of maybe retribution from the vendors?

Ms. GLENN. The vendors—the vendors do not get this feedback unless we give it to them, and we—

Mr. LUTTRELL. Well, they are going to have to eventually, because if the examiners are contacting the VA about a problem set, the vendors are going to eventually have to find out of it because they are the ones telling the examiners what to do.

Ms. GLENN. Right. The examiners have the ability to come back to us through the portal anonymously if they choose to.

Mr. LUTTRELL. Sure.

Ms. GLENN. There is a text box where they can type out whatever they feel like they need to say.

Mr. LUTTRELL. I got it. I am kind of worst-case scenario in this, which usually has a tendency of playing out around here. If you go to a vendor and say, hey, we recognize there is a problem, well, the first question the vendor is going to ask is like, well, how did you know about that?

Ms. GLENN. Right. We would tell them we got it through the exam portal. I do not believe—

Mr. LUTTRELL. You cannot say that because then they are going to know who sent it.

Ms. GLENN. Well, not necessarily, sir. They have thousands and thousands of examiners that work for them.

Mr. LUTTRELL. Okay. Probability, got it. Okay. Do you have any further questions?

Mr. MCGARVEY. [inaudible].

Mr. LUTTRELL. Okay, I recognize you. Go ahead. Yes, sir.

Mr. MCGARVEY. Thanks, Mr. Chairman. I appreciate that. I have got a few questions for you. First, I mean, look, I am just going to tell you how it feels up here a little bit today because our mission is taking care of veterans. It feels a little bit like you all just want to write a check and say that these exams happened, and then not really figure out everything that is happening with them or how they are benefiting our veterans. We want to make sure that this is working and that is working for our veterans. That is the point of this hearing. That is what we want to see happen. We need you all's help with that.

Ms. Glenn, I am going to go back to you with a couple of specific questions. The Paralyzed Veterans of America wrote in their statement for the record today that their concerns regarding the accessibility of exam locations. In the wake of a 2024 Office of Inspector General (OIG) report on the matter, they cited that more than half of the 135 facilities they visited had accessibility barriers. This is obviously a problem when you were talking about screening for veterans with disabilities, not having accessibility at the places where they are going for the screening. What actions is the VA taking to ensure that they are providing adequate oversight to the contractors and the facilities that they occupy?

Ms. GLENN. Yes, sir. We, well, it is twofold. First of all, we require that the vendors examine each facility that they send veterans to. Second, we then go back and do site visits, surprise site visits to these facilities. In Fiscal Year 2025, we were able to do

159 site visits. We plan on doing more in Fiscal Year 2026. We have a plan in place, and we will hopefully be able to soon execute it.

Mr. MCGARVEY. Okay. Again, this is an OIG report. This is a statement in the record today, that of the 135 they visited, half had accessibility issues.

Ms. GLENN. Yes, sir.

Mr. MCGARVEY. You are telling me that the vendors are certifying that these—these venues do not have accessibility issues? I mean, half? That is a pretty big statistical sample out of 135 locations.

Ms. GLENN. Yes, sir.

Mr. MCGARVEY. I am not saying that that carries out across all locations. Then your answer kind of says, we are doing these things, we are doing these things, but half are not. How are you getting feedback directly from our veterans who use mobility aids? How are you actually finding out about this? Was this OIG report a surprise?

Ms. GLENN. Yes, sir, I would say so. One of the things that we have done is we have required the vendors, when they contact the veteran, to make sure that they ask them do they have any accessibility issues. That they should not be sending a veteran with accessibility issues to a facility that cannot handle. We look at this—we take this very seriously, which is why we send in-house staff who have taken U.S. Occupational Safety Health Administration (OSHA) and The Americans with Disabilities Act (ADA) training to go out and look at these facilities and make sure that anything that is wrong, such as the fire escape map is not on the wall, is corrected immediately, if not—

Mr. MCGARVEY. We want that, but there still seem to be major problems. You are mentioning, like, even a fire escape map on the wall. We are hearing what I would consider to be horror stories about exams being conducted in inappropriate locations, such as hotel rooms. Can you confirm that these types of practices have been stopped completely? If not, why? If they have, what is VA doing to find out about these and address them? How did you do it?

Ms. GLENN. We have tightened up quite a lot on what our requirements are for the examination space. I have not heard anything lately. I would welcome anything that any of you see along this issue to be brought to our attention so that we can take action. We do have a plan. We do have a way of investigating. You know, we want our veterans to feel safe and accommodated when they go to the exams.

Mr. MCGARVEY. This is a massive program, and we are hearing way too many stories of how it is not working for our veterans and that we have a bunch of vendors out there who may or may not be getting you all the information you need. There needs to be more oversight.

Really quickly, VA conducts special focus reviews to try and reduce errors on exams from most complex claims, including traumatic brain injury, military sexual trauma, and Gulf War illness. Ms. Curda, you testified that VA plans to change the tempo of

these reviews from a 2-year to a 3-year schedule. Will the 3-year schedule allow the MDEO to meet its oversight goals?

Ms. CURDA. Well, according to their own analysis, they—they would have preferred to keep this to a 2-year schedule. We were told due to staffing reductions, they could—they could not do that. We were happy to see it change to a 3-year schedule rather than no schedule or, you know, erratic schedule.

I think the, you know, on the con side, you know, the purpose of these things is continuous improvement. If you wait another year to look to see if what happened in the first round of reviews is corrective actions that were identified. If you wait another year to see if they have been implemented and whether they are effective, you lose that opportunity to take course corrections and make changes. I think there is a downside to waiting another year. You miss opportunities and it could result in inaccurate claims.

Mr. MCGARVEY. I have a hard time believing less is more in this case. I also want to say that you said part of this is about staffing issues. It seems like, as part of this hearing, you guys are telling me you do not have staffing issues. This is a problem. Our veterans need to find the front door to the VA, and this is often the way it happens. We need to make it easier for them to walk in and get the care that we promised them. They put on the uniform, and we have seen what our veterans have done for us in the last 20–25 years and what they have sacrificed for us. In exchange for that, we made them a promise. It is not just a legal promise; it is a moral promise that we would take care of them. It sounds like they are not living up to that with this program right now. We need to do better.

Mr. LUTTRELL. Thank you, sir. Mr. Self, you are recognized for 5 minutes, sir.

Mr. SELF. Thank you, Mr. Chairman. I want to get at the errors and the payments. What is the max percentage of the contract that can be rewarded?

Ms. GLENN. The max percentage is 3 percent of the invoice.

Mr. SELF. Of the invoice. Okay. On the two—the two errors that resulted in overpayments, what was the total invoice amount of those two errors?

Ms. GLENN. Sir, I do not have that information at hand.

Mr. SELF. Okay.

Ms. GLENN. I will get back to you.

Mr. SELF. Okay. I did the—I did the backward math. If you paid out \$2.3 million and 3 percent of the invoice amount—was it the full 3 percent?

Ms. GLENN. I am not sure, sir.

Mr. SELF. Okay, let us assume that was full 3 percent. That means that the invoice amount for those two contracts was \$76 million.

Ms. GLENN. Yes, sir.

Mr. SELF. We have got \$76 million contracts that were—did not have enough oversight. This is indeed a problem. I think you have already addressed this about the time I left, how many people were reprimanded for the 2.3 million overpayment?

Ms. GLENN. The people involved are no longer employed with VA, sir.

Mr. SELF. That is a pretty good reprimand. Have you changed vendors because of it?

Ms. GLENN. No, sir.

Mr. SELF. What is the total? If these two contracts are \$76 million, which had errors that got rewarded for \$2.3 million, what is the total contract on those two vendors? Is it two vendors or two mistakes and one vendor?

Ms. GLENN. I will have to get back to you on that. I told Chairman Luttrell that I would get him the amount spent on examinations. Two contracts for sure.

Mr. SELF. Two contracts. Might be one vendor, two contracts. Chairman, I yield back.

Mr. LUTTRELL. Thank you, sir.

Ms. Curda, explain to me the TBI scheduling that you and the Ranking Member were speaking on from 2 to 3 years, please.

Ms. CURDA. This is part of MDEO's quality control process, is to feed to the contractors the most frequent errors in a given quarter. Oh, actually, I am sorry.

Mr. LUTTRELL. Specifically, around traumatic brain injury.

Ms. CURDA. Yes, yes. Those were the special focus reviews. This is a review that they planned to do every 2 years. What they do is they take a deep dive on the traumatic brain injury, and to see what are the root causes of the errors in those types of exams, and then work on corrective actions with the vendors. The idea being that then they would come back after 2 years and see, Okay, what is happening with those errors. Then,—

Mr. LUTTRELL. Wait a minute. Explain an error to me, please.

Ms. CURDA. In the exam. An examiner filling out the DBQ for traumatic brain injury would make errors, and they would—these particular types of exams and these particular types of DBQs are more prone to error. It is getting at the root causes of those frequent errors and correcting them.

Mr. LUTTRELL. Let me ask you this. I have a background in neuroscience. Right now, it is every 2 years advancements in neuroscience. It flexes its muscle every day. Matter of fact, when I went through grad school, everything that I learned in grad school is no longer correct. We have built off of that information. We have the ability to identify traumatic brain injuries at the granular, more toward the granular level. Okay? In depth, at scale. If an individual walks in with or submits a DBQ this year with neurological scans and assessments, cognitive assessments, and the examiner says you are good to go. He has, he or she, most likely will have to wait 2 years for—in 2 years, that scan may show something that is 100 percent debilitating. Is that how long we have to wait?

Ms. CURDA. Are you asking me or Ms. Glenn?

Mr. LUTTRELL. I am asking the panel this question. If you are not interested, if you do not understand what I am asking you, I will clarify it. My concern is you are trying to kick it out to 3 years. Now, there is things that we can identify today that will kill somebody in 3 years that we did not know about 2 years ago. Is it that MDEO's office request to kick it out the 3 years?

Ms. GLENN. Yes, sir. These special focus reviews do not prohibit us from—we do not have to wait for the special focus review if there are medical changes that are happening that are going to

change the way we look at a veteran's disability. You know, our doctors, our examiners—

Mr. LUTTRELL. The special focus review will be handled by an examiner, pushed back up to the vendor through the VA for the claim, and if the examiner does not find anything, sends it back to the vendor and back into the VA, and the claim is shot down?

Ms. CURDA. Just to clarify, the special focus reviews do not look at—are not about individual claims. It is about trends.

Mr. LUTTRELL. Trends.

Ms. CURDA. It is like looking across—

Mr. LUTTRELL. Even better.

Ms. CURDA. [continuing]. all of the exams that were done and what were the most frequent errors. It is sort of like a continuous improvement process.

Mr. LUTTRELL. Do we have any idea if the special focus reviews that were conducted 4 years ago, have there been—have we noticed any change in those compared to veterans today that have a neurological disorder or neurological disease or a traumatic brain injury?

Ms. CURDA. Well, that is what we are saying has not happened because they have not done the next round.

Mr. LUTTRELL. We still think bumping it up for 3 years instead of 2 is a good idea?

Ms. CURDA. Uh—

Mr. LUTTRELL. Ms. Glenn. You are in charge.

Ms. GLENN. Yes, sir. We are doing what we can with our resources and—

Mr. LUTTRELL. No. No, no, no. You are walking around the question. You are actually dancing where Mr. McGarvey is hitting you on. Do not give me the political answer. I am literally trying to save lives here.

Ms. GLENN. Yes, sir. I will tell you that there are additional things that we use besides the special focus review. We do monthly—

Mr. LUTTRELL. Oh, you are walking around it again. I am asking you about the 3-to-2-year. Matter of fact, I think you should bump it back to 6 months or a year when it comes to traumatic brain injury. That is my opinion. My opinion only. I want you to take a hard—cannot ask you to do that. I disagree with 3 years.

Ms. GLENN. Yes, sir. Understood.

Mr. MCGARVEY. I appreciate Mr. Chairman's line of questions. I just want to ask really simply, and I want a simple answer because it is a—it is an important question. Just simple to me. It is not (phonetic) important. Is it better or worse for our veterans to go from 2 years to 3 years?

Ms. CURDA. I would say worse.

Mr. MCGARVEY. Thank you. Mr. Chairman, I yield back.

Mr. LUTTRELL. Mr. Self, you are recognized now for 5 minutes.

Mr. SELF. Thank you, Mr. Chairman. I want to follow up on your trends comment because apparently, four out of the six examiners that they examined said they no longer elevate challenges to their vendors because their vendors do not listen to them. How then do you establish trends if your examiners are not sending their feedback to the vendors? How do you develop trends? Is this a paper-work drill or is this actual feedback from the field?

Ms. CURDA. Well, I will let Ms. Glenn answer. I mean, our observation is they do have processes in place to identify errors within MDEO through their review processes and so forth. It is—but it is a perspective that is missing, the examiner's perspective. They felt that they were not being listened to by their contractors. They were not always given good advice. They felt they knew more sometimes than the contractor's quality assurance staff knew, and they—that they would like to give that feedback to VA.

Mr. SELF. Then, once again, that is pretty damning testimony. Once again, how do you establish trends if you are not accepting feedback from your examiners?

Ms. GLENN. Based on the GAO recommendation, we did develop an examiner portal, which is live as of the end of September. We have been collecting feedback from the examiners. It is an open text box. They can type in whatever they feel like they want us to know.

Mr. SELF. You have got 2 months of data. Mr. Chairman, I yield back.

Mr. LUTTRELL. Thank you. Ranking Member, you are recognized, sir.

Mr. MCGARVEY. Thank you, Mr. Chairman. I appreciate this. This is a really important hearing because we are spending billions of taxpayers' dollars every single year on this program, covering millions of exams for our veterans and paying out millions in incentives, nearly 20 percent of which were wrong.

Right before this, I had a Small Business Committee hearing this morning. I will put the small business hat on here. Can you imagine if you were running a small business, let us say a diner or something, and 20 percent of the meals you sent out from the kitchen were wrong? The business is not going to last very long, or at the very least, the cook is going to get fired. That is a massive problem to have 20 percent wrong, and we cannot tolerate that level of inaccuracy when it comes to serving America's veterans and protecting our taxpayers.

Chairman Luttrell, I look forward to continuing to working with you to do something, an upcoming roundtable, or some sort of event. Maybe we can hear directly from the contracted companies. I think with these for-profit companies controlling 90 percent of the exams, we need to hear from them what controls they have in place and how they are fixing these problems, as well as hearing from you all.

Mr. Chairman, we have all heard concerns in this room, because in this room, we get together to help our veterans about the need to sell veterans on the VA. Numerous veteran service organizations and veterans themselves have spoken to us about the challenges that veterans face with the C&P exams. If we want to ensure that veterans have trust in the VA and are comfortable seeking it out for care, then we should start by ensuring that their very first interaction with the system is a welcoming and assuring one.

I think about the veteran who is transitioning to civilian life, showing up to a compensation exam for military sexual trauma, and walking into a hotel room for their exam. This might sound far-fetched, but it has happened. We are getting these stories. Yet, in that exact scenario, a military sexual trauma survivor walking

into a hotel room for an exam, if the contracted provider gets the paperwork right, and they get it in, they will get their incentive pay. Is this the standard of care that our veterans should experience or that we want to incentivize? I want to ask the contractor providers what controls they—not the VA reviewing numbers from the central office—but what controls they themselves have done to adequately ensure our veterans are safe, cared for, and being seen in an appropriate professional setting.

I also want to make sure that our veterans are getting the reviews and care they need. When we hear today that reviews are moving from every 2 to 3 years and that that is, by your own testimony, worse for veterans, we have to do something about that. Let us bring in the heads of these companies, let us get together, let us make sure that our veterans, the men and women who were willing to sacrifice everything for our safety, security, and freedom, received the promise we gave them that when they took that uniform off, we would take care of them. It is exactly what we want to do. It is exactly what we need to get done on this committee.

Thank you, Mr. Chairman. I yield back.

Mr. LUTTRELL. Ms. Glenn, your office has a very large responsibility. I am sure you are—you are kind of feeling that right now in this hearing. I want to thank all three of you for what you do for our veterans. I say this every committee hearing, you wake up every day, you go in and you do and you do what you can for us. We pay attention. Myself to that veteran sitting right there, to the other veterans that are on this committee and abroad, I have almost 40,000 veterans in my district. I can assure you, the most aggressive group in my district are my veterans, are my brothers and sisters. They talk to us because they have every right to get what they have earned by putting on that uniform and fighting for this country. Every one of them.

There is always going to be mistakes. The human element and the human error. It exists. It does. Your office is responsible. You in charge are responsible for oversight in your office. Ms. Curda has pointed out quite a few, and I know that you are working on it, and I appreciate that. We will never let that be enough. It will never be perfect. We will not stop fighting for perfection because of those that we are responsible for taking care of, because they never asked anything of anyone when a round was going by their head, or they were dragging their buddy or brother or sister out. They never did that. That is why we do what we do. That oversight goes a long way.

You will be back here in front of us. We will ask these questions again. I expect it will not be the same answers. Ms. Curda will keep us read in. I hate to tell you this, but you are absolutely pinging hard on my radar because of every veteran that you touch, do not ever forget that is what you are doing. Okay? Staff included.

I ask unanimous consent that all members have 5 legislative days to revise and extend their remarks and include extraneous material. Without objection, so ordered. This hearing is adjourned.

[Whereupon, at 1:09 p.m., the subcommittee was adjourned.]



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**A P P E N D I X**

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PREPARED STATEMENTS OF WITNESSES

**Prepared Statement of Elizabeth Curda**



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United States Government Accountability Office

Testimony  
Before the Subcommittee on Disability  
Assistance and Memorial Affairs,  
Committee on Veterans' Affairs, House  
of Representatives

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For Release on Delivery  
Expected at 12:00 p.m. ET  
Thursday, November 20, 2025

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**VA DISABILITY  
BENEFITS**

**Implementing GAO's  
Recommendations Would  
Help Improve Quality of  
Contracted Exams for  
Veterans**

Statement of Elizabeth H. Curda, Director,  
Education, Workforce and Income Security

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GAO-26-108783



## VA DISABILITY BENEFITS

## Implementing GAO's Recommendations Would Help Improve Quality of Contracted Exams for Veterans

GAO-26-108783

November 2025

A testimony before the Subcommittee on Disability Assistance and Memorial Affairs, Committee on Veterans' Affairs, House of Representatives.

For more information, contact: Elizabeth H. Curda at [curdae@gao.gov](mailto:curdae@gao.gov).

### What GAO Found

VA's Veterans Benefits Administration (VBA) may require veterans filing disability claims to undergo medical exams to help determine eligibility. VBA relies on contractors to provide medical professionals, called examiners, to conduct most of these exams. Conducting quality exams is important because errors can result in costly rework and delays in processing claims.

VBA's Medical Disability Examination Office (MDEO), which oversees these contractors, has refined its oversight since its establishment in 2016. GAO's 2024 and 2025 reports described MDEO's oversight, including quality control techniques for preventing errors from occurring during exams, detecting any exam errors that did occur, and correcting errors and providing accountability.

GAO's prior work also identified opportunities to strengthen MDEO's oversight of contracted exam quality. Specifically, GAO found (1) breakdowns in procedures for correcting the most frequent or complex problems with contracted exams, (2) incorrect financial incentive payments to contractors, and (3) a gap in feedback from examiners—a key stakeholder group. GAO made five recommendations across the following four areas. All five remain open as of November 2025. VA has partially addressed one and described plans to address the others.

**Contractor quality action plans** analyze the cause of the most frequent exam errors and specify contractors' corrective actions. GAO found that MDEO's procedures for reviewing these action plans lacked certain steps, including verifying that contractors completed the corrective actions and assessing whether these actions improved exam quality. GAO recommended that MDEO improve its procedures by including these steps. MDEO has partially addressed this recommendation.

**Special Focused Reviews** seek to identify and address exam quality issues in specific areas. GAO found that MDEO was behind schedule on reviews for the most complex issues, such as military sexual trauma. GAO recommended that MDEO adhere to the biennial schedule outlined in its procedures.

**Financial incentives** are based on contractor performance, including exam quality. GAO found that MDEO had no written procedures for checking the accuracy of its calculations for these incentives, resulting in almost \$2.3 million in overpayments to contractors in fiscal year 2024. GAO recommended that MDEO develop and use such procedures. GAO also recommended that MDEO recalculate all financial incentives and correct any errors.

**Examiner feedback** provides a key perspective on issues affecting exam quality. GAO found that MDEO relied on contractors to relay examiner feedback. However, five of six examiners GAO interviewed said contractors did not always address their concerns, making it harder to provide high-quality exams. They said they would like to provide feedback directly to MDEO. GAO recommended that MDEO collect and address direct feedback from examiners.

Fully implementing GAO's five recommendations would help MDEO improve exam quality so veterans receive more accurate and timely benefits decisions.

### Why GAO Did This Study

Contracted disability examinations provide critical information for determining veterans' eligibility for benefits. In fiscal year 2024, contracted examiners conducted over 3 million disability exams, costing over \$5 billion.

This statement summarizes 1) MDEO's processes for overseeing exam quality and 2) GAO recommendations for improving these processes.

This statement is based on two GAO reports: [GAO-24-107730](#) and [GAO-25-107483](#). For those reports, GAO analyzed MDEO financial incentive data from April 2023 through September 2024. Also, GAO reviewed MDEO documents and interviewed MDEO officials, contractors, and six examiners selected from a randomized list of all examiners for variation in characteristics such as specialty and experience. Finally, GAO interviewed MDEO officials on steps taken to address GAO's recommendations.

### What GAO Recommends

In September 2024 and August 2025, GAO made five recommendations to improve MDEO oversight. VA agreed or agreed in principle with all five and has taken steps toward implementing them. GAO continues to monitor VA's implementation of these recommendations, which can help MDEO ensure veterans receive high-quality disability exams.

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Chairman Luttrell, Ranking Member McGarvey, and Members of the Subcommittee:

I am pleased to be here today to discuss our work on the Department of Veterans Affairs (VA) oversight of the quality of contracted disability exams.

VA's Veterans Benefits Administration (VBA) may require medical exams for veterans filing disability claims to help determine their eligibility. VBA relies on contractors to provide the medical professionals, called examiners, to conduct most disability exams. In fiscal year 2024, examiners conducted over 3 million disability exams—representing 93 percent of all disability exams—at a cost of over \$5 billion, according to VBA officials. Exam quality is important because exam errors can result in costly rework and processing delays.

In 2016, VBA established the Medical Disability Examination Office (MDEO) to manage and oversee the contractors who provide the examiners. Since then, MDEO has refined its oversight of contracted exams. However, as we found in our September 2024 testimony and our August 2025 report, opportunities remain for MDEO to enhance its oversight and help ensure veterans receive high-quality disability exams.<sup>1</sup>

My statement today—based primarily on these two reports—summarizes 1) MDEO's processes for overseeing exam quality and 2) the recommendations we made to improve these processes.

For both reports, we reviewed MDEO policies, procedures, and contract documentation and interviewed officials from MDEO and contractors. For our September 2024 testimony we compared MDEO's quality control techniques to MDEO's goals and federal standards for internal control.<sup>2</sup> For our August 2025 report, we reviewed the most recent MDEO data on financial incentive calculations (April 2023 through September 2024) and compared MDEO's efforts to MDEO procedures, GAO practices for evidence-based decision making, and federal standards for internal

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<sup>1</sup>See GAO, *VA Disability Exams: Improvements Needed to Strengthen Oversight of Contractors' Corrective Actions*, [GAO-24-107730](#) (Washington, D.C.: Sept. 18, 2024), and *VA Disability Benefits: Additional Oversight and Information Could Improve Quality of Contracted Exams for Veterans*, [GAO-25-107483](#) (Washington, D.C.: Aug. 18, 2025).

<sup>2</sup>GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 2014), principles 10 and 17.

control.<sup>3</sup> Using a randomized list of all examiners, we selected six for variation in characteristics such as geography, the contractors they worked for, specialty, and years of experience. We then interviewed the selected examiners.

The work on which this statement is based was performed in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

## Background

VBA pays disability compensation to veterans with service-connected disabilities based on the severity of the disability. When a veteran submits a claim to VBA, claims processors help the veteran gather information to support the claim, which may include a VA disability exam. During a disability exam, the examiner documents the veteran's condition by filling out a Disability Benefits Questionnaire (DBQ) for each disability under evaluation. According to VBA guidance, DBQs are designed to collect the medical evidence that claims processors need to adjudicate a claim and rate the severity of a specific disability.

## MDEO Has an Oversight Process to Prevent, Detect, and Correct Exam Errors

MDEO's oversight of contractors has evolved over the years. For example, MDEO implemented 14 recommendations made by GAO and the VA Office of the Inspector General from 2018 through May 2024. The recommendations included changes to the oversight of contracted exams such as monitoring contractor performance, correcting errors, and training examiners.

In our previous work, we grouped MDEO's quality control techniques into three categories:

- **Prevention.** Techniques for preventing errors or low-quality work from occurring during exams, such as providing training for examiners.
- **Detection.** Techniques for identifying any exam errors that did occur, such as reviewing completed exam paperwork for errors.

<sup>3</sup>GAO, *Evidence-based Policymaking: Practices to Help Manage and Assess the Results of Federal Efforts*, GAO-23-105460 (Washington, D.C.: July 2023), and GAO-14-704G, principles 10 and 13.

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- **Correction.** Techniques for correcting exam errors and providing accountability, such as financial rewards and penalties based on contractor performance.

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**MDEO Has Not Taken Recommended Actions to Correct Identified Errors, Prevent Overpayments, and Obtain Examiner Feedback**

In our September 2024 and August 2025 reports, we made five recommendations to strengthen MDEO's oversight of contracted exam quality. These recommendations focused on three areas: (1) breakdowns in procedures for identifying and correcting the most frequent or complex problems with contracted exams, (2) incorrect financial incentive payments to contractors, and (3) a gap in feedback from examiners—a key stakeholder group. VA agreed or agreed in principle with each recommendation and, in September 2025, MDEO officials provided us with updates on their efforts to address them.

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**MDEO's Efforts to Address the Most Frequent Exam Errors Have Gaps**

Two of our five recommendations focus on MDEO's efforts to correct the most frequent exam errors and address the most complex problems.

**Contractor quality action plans.** To help contractors improve exam quality, MDEO gives them a quarterly report listing the types of DBQs with the most common exam errors. Contractors submit quarterly quality action plans analyzing the causes of the errors and describing their corrective actions.

MDEO had developed procedures for reviewing contractor quality action plans in response to our preliminary findings. However, in September 2024, we found that the procedures did not provide clear and complete steps to guide this process. We recommended that VA improve the clarity and completeness of these procedures. This included adding steps for MDEO to routinely (a) verify that contractors complete the corrective actions in their plans and (b) determine the extent to which these actions improve exam quality. VA agreed in principle with the recommendation.

In December 2024, MDEO updated its procedures, adding provisions for MDEO to confirm that corrective actions are completed and evaluate action plan effectiveness. However, the update did not include details on how to identify and evaluate the effect of the actions on exam quality. As of November 2025, VA has partially addressed the recommendation.

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Fully implementing this recommendation can help MDEO ensure that these action plans have their intended effect of improving exam quality.

**Special Focused Reviews.** MDEO conducts Special Focused Reviews (SFRs) to identify and address exam quality trends.<sup>4</sup> Some SFRs focus on exams for complex claims, including traumatic brain injury, mental health issues based on military sexual trauma, and Gulf War Illness. Because exams for complex claims are more challenging for examiners to perform, MDEO uses SFRs to analyze the quality of DBQs completed by examiners and recommend improvements to the exam process. In August 2025, we reported that MDEO procedures called for complex claim SFRs to be completed biennially so that each round of reviews can monitor changes in exam quality and assess the effects of corrective actions from the prior round of reviews.

However, we found that MDEO had completed the first round of SFRs but had fallen over one year behind schedule on the second round. We recommended that MDEO conduct complex claim SFRs biennially, in line with its procedures. VA concurred in principle.

In September 2025, MDEO officials told us they planned to revise the time frame in the procedures from a biennial to a triennial schedule due to resource constraints. The officials said the staff who conduct complex claim SFRs had been reduced by half. Given this reduction, a 3-year cycle may help MDEO conduct SFRs consistently, which is preferable to erratic reviews or halting them altogether. This recommendation remains open as of November 2025.

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**MDEO Overpaid  
Performance-Based  
Financial Incentives to  
Contractors in Fiscal Year  
2024**

Our 2025 report included two recommendations related to MDEO's management of financial incentives for contractors. Each quarter, MDEO assigns financial incentives (rewards and penalties) to contractors based

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<sup>4</sup>MDEO officials identified three types of SFRs related to exam quality: (1) provider SFRs that review the work of a specific examiner, (2) quality SFRs that review topics related to exam quality, and (3) complex claim SFRs.

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on their performance, including exam quality.<sup>5</sup> Our report described MDEO's manual process for entering performance data and calculating these incentives. According to MDEO, an official conducted a quality check of these calculations. However, we found that MDEO had no procedures to guide this check or ensure consistent reviews.

We used MDEO's performance data and parameters to calculate the financial incentives from the third quarter of fiscal year 2023 through the fourth quarter of fiscal year 2024.<sup>6</sup> We identified five instances where MDEO's process identified and corrected calculation errors, preventing over \$6 million in incorrect payments.

However, we found two errors that MDEO did not detect, resulting in almost \$2.3 million in overpayments in the first quarter of fiscal year 2024. We recommended that MDEO 1) develop and use written procedures for validating the accuracy of its financial incentive calculations and 2) recalculate all financial incentives since they began in fiscal year 2022 and correct any inaccuracies. VA concurred with both recommendations.

In September 2025, MDEO officials told us they had drafted and piloted new procedures for the financial incentive calculation process. They said they had recalculated all financial incentives and were performing a quality check. Additionally, they had previously told us they were developing a process for validating their timeliness performance data because the contract for the prior validation was canceled.<sup>7</sup> Both recommendations remain open as of November 2025.

As we monitor implementation of these recommendations, we will verify whether the planned validation procedures are in place. Fully

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<sup>5</sup>MDEO's financial incentives are based on five performance measures related to exam quality, customer satisfaction, and exam timeliness. For customer satisfaction, MDEO uses the percent of surveyed veterans who were satisfied overall with their examination. However, according to MDEO officials, the contract for administering the survey was canceled in February 2025, halting survey administration. Officials said they were working with other VA offices to administer the survey in the future. Until the survey resumes, MDEO is excluding the customer satisfaction measure from its financial incentive calculations.

<sup>6</sup>We chose these time frames because MDEO began using an updated methodology to calculate incentives in the third quarter of fiscal year 2023. We ended with the fourth quarter of fiscal year 2024 because it was the most recent data available at the time of our review.

<sup>7</sup>In February 2025, VA canceled MDEO's contract for validating the data for the three timeliness measures, according to MDEO officials.

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implementing our recommendations can help MDEO prevent future incorrect payments and ensure effective incentives that facilitate high-quality exams.

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**VBA Is Missing Examiner Feedback that Could Improve Exam Oversight and Quality**

Our fifth recommendation pertains to collecting and using examiner feedback. In August 2025, we reported that MDEO collected feedback on the quality of contracted exams directly from several key stakeholders, but not examiners. For instance, MDEO surveyed veterans and, according to contractor representatives, held regular discussions with contractors to obtain feedback. However, MDEO did not collect examiner feedback on exam quality directly and instead relied on the contractors to collect this feedback and relay it to MDEO.

As we also reported in August 2025, contractor representatives said they are generally able to address examiner feedback and that they rarely elevate it to MDEO. However, five of the six selected examiners we interviewed said they would prefer to provide feedback directly to MDEO, rather than via contractors. These examiners described concerns, such as conflicting instructions and unhelpful responses from the contractors, that left their feedback unaddressed. All six examiners said unaddressed feedback can adversely affect exam quality.

To obtain this key perspective for identifying exam quality issues, we recommended that MDEO identify and use a mechanism to collect and address direct feedback from examiners. The agency concurred and stated that MDEO would develop a plan to add such a mechanism.

In September 2025, agency officials told us they intended to launch an online reporting platform with an option for anonymous feedback. They also described their plans for notifying examiners of this platform and tracking the feedback received. As of November 2025, this recommendation remains open. If fully implemented, the recommendation could help MDEO address challenges and improve the quality of contracted exams for veterans.

In summary, disability exams provide critical information for determining veterans' eligibility for benefits. Fully implementing our five recommendations would help MDEO improve exam quality, particularly by identifying and correcting the most frequent exam errors and tackling the most complex issues. Ultimately, improving the contracted exam process would help veterans receive benefits they are entitled to without delay.

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Chairman Luttrell, Ranking Member McGarvey, and Members of the Subcommittee, this completes my prepared statement. I would be pleased to respond to any questions that you may have.

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**GAO Contact and  
Staff  
Acknowledgments**

If you or your staff have any questions about this testimony, please contact Elizabeth H. Curda at [curdae@gao.gov](mailto:curdae@gao.gov). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. GAO staff who made key contributions to this testimony are James Whitcomb (Assistant Director), MacKenzie Cooper (Analyst in Charge) and Brittni Milam. Also contributing to this testimony were Alex Galuten, Gina Hoover, Lisa Motley, Lorin Obler, Zachary Sivo, and Joy Solmonson. Other staff who made contributions to the reports cited in this testimony are identified in the source reports.

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### **Prepared Statement of Mary Glenn**

Chairman Luttrell, Ranking Member McGarvey, and distinguished members of the Subcommittee, I appreciate the opportunity to appear before you today to discuss the medical disability examinations (MDE) conducted by VA. Accompanying me today is Tara Flores, Director, Acquisition Service, Strategic Acquisition Center.

Today, I will provide updates on VBA's oversight of Compensation and Pension (C&P) examinations, including how we hold contract vendors accountable. I will also provide an update on implementing recommendations made by the U.S. Government Accountability Office (GAO).

#### **Medical Examination Production**

Under a new Administration, VBA had a record-breaking year for disability compensation claims processed, with over 3 million claims completed in Fiscal Year (FY) 2025. To support this high volume of production, VBA also completed a historic number of medical exams. Notably, over 93 percent of exams are conducted by VBA contract medical disability examination vendors. We remain committed to ensuring Veterans and Service members receive high quality and timely disability claim decisions, supported by high quality medical examinations. During Fiscal Year 2025, VA completed over 3.3 million examination scheduling requests, a 5.5 percent increase from the same period in Fiscal Year 2024. The average days to complete exams in Fiscal Year 2025 was 26.4 days, an improvement from 35.7 days compared to the prior year.

#### **Contractual Oversight**

Vendors are evaluated on performance metrics such as timeliness, production, and quality. Vendors receive positive incentives for exceeding benchmarks and negative incentives for when performance targets are not met. The August 2025 GAO report, entitled VA Disability Benefits: Additional Oversight and Information Could Improve Quality of Contracted Exams for Veterans, identified two erroneous incentive payments in Fiscal Year 2024. The erroneous payments have been recouped, and our methodology has been enhanced to prevent future errors.

#### **Quality Compliance**

VA conducts monthly quality audits using a statistically valid sample. In Fiscal Year 2025, VBA's aggregate quality score for MDE Vendor Disability Benefits Questionnaire reviews was 97.2 percent, with positive performance incentives applied for scores above 96 percent.

#### **Training Requirements**

All contract medical examiners must undergo foundational training and certification equivalent to that of Veterans Health Administration examiners. Training includes general certification, specialty courses, and supplemental courses. Recertification training is required every 5 years or if the examiner has not conducted an exam in the past year. VBA MDEO is also developing training based on error trends, special focused reviews, and Disability Benefits Questionnaire changes to improve exam quality.

Vendors must submit an annual training plan covering examiners and support staff, ensuring compliance with VA standards and quality assurance. These plans are reviewed by VBA to confirm they meet all contract requirements. VBA validates completion of training before examiners are permitted to perform exams. VBA also conducts monthly audits to ensure all active examiners adhere to training requirements, ensuring training standards are maintained by active examiners.

#### **Initiatives and Improvements to the Veteran Experience:**

We recognize that there are clear opportunities to strengthen and modernize portions of the disability examination process, and we are committed to addressing those areas. For example, we are evaluating advanced clinical and evidence-review tools designed to help identify when existing medical information is sufficient to support a claims decision. These capabilities have the potential to reduce in-person examinations, improve consistency, and accelerate outcomes for our Veterans, while ensuring that all decisions comply with VA regulations and clinical standards.

We are also prioritizing a more Veteran-centric approach to scheduling and overall exam coordination. VBA has begun integration between the Veterans Benefits Management System (VBMS) and VHA's External Provider Scheduling platform. This collaboration is expected to improve and streamline the Veteran experience, giving Veterans more options, while allowing VA to maximize utilization of the entire network of providers supporting C&P examinations nationwide. A centralized

scheduling platform will make the process simpler to navigate, improve consistency in communication, and ensure that examinations are accessible to all Veterans.

In parallel, we are focused on identifying ways to streamline and modernize business processes, reducing administrative burden for both Veterans and the workforce. This includes assessing multiple avenues to leverage technology and refine workflows in order to reduce reliance on examinations where appropriate.

While some progress can be achieved within the exam space alone, the full benefit of these improvements will depend on close partnership across VBA and VA, as well as stakeholders. We remain committed to these collaborative efforts to ensure a more efficient, Veteran-focused experience.

#### **GAO Recommendations**

In August 2025, GAO issued a report entitled VA Disability Benefits: Additional Oversight and Information Could Improve Quality of Contracted Exams for Veterans. To begin addressing these recommendations, VBA has formalized the standard operating procedures (SOP) for the financial incentive calculation process detailing roles, responsibilities, objectives, and reporting. This SOP is currently in use. In addition, VBA has recalculated all financial incentives since 2022 as requested by GAO and did not identify any errors that impacted the previously calculated percentages. Further, VBA has completed the Fiscal Year 2025 Military Sexual Trauma (MST) Complex Case Review (CCR) and updated the CCR SOP to reflect the projected completion of CCRs. An MST Special Focused Review (SFR) was completed in Fiscal Year 2025, a Gulf War SFR is planned for completion in Fiscal Year 2026, and a Traumatic Brain Injury SFR will be completed in Fiscal Year 2027, with the MST SFR cycle restarting in Fiscal Year 2028. VBA is dedicated to conducting these SFRs to ensure oversight and improve the quality of these critical medical disability exams. Finally, VBA has created a form to collect feedback from examiners who conduct contract medical examinations, established a monitored email account to receive the forms, created SOPs to ensure feedback forms received are reviewed timely and maintained, with notice of the new feedback mechanism provided to all current contract exam providers and vendors.

#### **Conclusion**

I want to express my appreciation for your continued support of Veterans and their families, caregivers, and survivors. VBA appreciates the authority provided by Congress to obtain contract examinations for Veterans and transitioning Service members. VBA remains committed to providing timely and accurate disability examinations to Veterans and Service members, while improving their examination experience. Chairman Luttrell, and Ranking Member McGarvey, this concludes my statement. We would be happy to answer any questions you or the other Members of the Subcommittee may have.



## STATEMENTS FOR THE RECORD

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### **Prepared Statement of Veterans of Foreign Wars of the United States**

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 2-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 2-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.

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#### **Prepared Statement of Paralyzed Veterans of America**

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 impor-

tance 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.”<sup>1</sup> 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.”<sup>2</sup> 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 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.”<sup>3</sup> 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/incon-

<sup>1</sup> M21-1, Part IV, Subpart i, 3.A.1.g, General Criteria for Sufficiency of Examination Reports.

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

<sup>3</sup> VA Disability Benefits: Additional Oversight and Information Could Improve Quality of Contracted Exams for Veterans.

sistent 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 2024, a VA Office of Inspector General (OIG) Report (23-01059-72)<sup>4</sup> 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 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.<sup>5</sup>

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."<sup>6</sup> 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 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.

<sup>4</sup> Better Oversight Needed of Accessibility, Safety, and Cleanliness at Contract Facilities Offering VA Disability Exams Department of Veterans Affairs OIG (va.oig.gov).

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

<sup>6</sup> M21-1 IV.i.2.A.6.

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.

**Prepared Statement of National Organization of Veterans' Advocates, Inc.  
NATIONAL ORGANIZATION OF VETERANS' ADVOCATES, INC.**



**Statement for the Record**

**Before the**

**House Committee on Veterans' Affairs  
Subcommittee on Disability Assistance and Memorial Affairs**

**Concerning**

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

**November 20, 2025**

Chairman Luttrell, Ranking Member Garvey, and members of the Subcommittee, the National Organization of Veterans' Advocates (NOVA) thanks you for the opportunity to offer our views on the topic of improving outcomes for disabled veterans who are obtaining VA-ordered contract examinations, as overseen by the Medical Disability Examination Office.

NOVA is a not-for-profit 501(c)(6) educational membership organization incorporated in the District of Columbia in 1993. NOVA represents 900 accredited attorneys, agents, and qualified members assisting tens of thousands of our nation's military veterans, survivors, family members, and caregivers seeking to obtain their earned benefits from VA. NOVA members represent veterans before all levels of VA's disability claims process, and handle appeals before the U.S. Court of Appeals for Veterans Claims (CAVC), U.S. Court of Appeals for the Federal Circuit, and U.S. Supreme Court.

NOVA works to develop and encourage high standards of service and representation for persons seeking VA benefits. A critical part of NOVA's mission is to educate advocates. NOVA currently conducts two conferences per year, each offering approximately 15 hours of continuing legal education (CLE) credit for attendees. Experts from within and outside the membership present and train on the latest developments and best practices in veterans law and policy. NOVA sustaining members must participate in at least one conference every 24 months to maintain eligibility to appear in our public-facing advocate directory. In addition to conferences, NOVA offers webinars, online support, peer-to-peer mentorship, and other guidance to its members to enhance their advocacy skills.

NOVA advocates for laws and policies that advance the rights of veterans. For example, NOVA collaborated with Veteran Service Organizations (VSOs) and other accredited representatives, VA, and Congress on appeals modernization reform. Those efforts resulted in passage of the *Veterans Appeals Improvement and Modernization Act* (AMA), P.L. 115-55, 131 Stat. 1105, which was signed into law by President Trump in 2017.

NOVA also advances important cases and files amicus briefs in others. *See, e.g., NOVA v. Secretary of Veterans Affairs*, 710 F.3d 1328 (Fed. Cir. 2013) (addressing VA's failure to honor its commitment to stop applying an invalid rule); *Procopio v. Wilkie*, 913 F.3d 1371 (Fed. Cir. 2019) (amicus); *NOVA v. Secretary of Veterans Affairs*, 981 F.3d 1360 (Fed. Cir. 2020) (M21-1 rule was interpretive rule of general applicability and agency action subject to judicial review); *National Organization of Veterans' Advocates, Inc., et al., v. Secretary of Veterans Affairs*, 981 F.3d 1360 (2022) (Federal Circuit invalidated knee replacement rule); *Arellano v. McDonough*, 598 U.S. 1 (2023) (amicus); *Terry v. McDonough*, 37 Vet.App. 1 (2023) (amicus); *Bufkin v. Collins*, 604 U.S. \_\_\_\_ (2025) (amicus).

## INTRODUCTION

The VA disability compensation process is unique among federal compensation programs. The veterans' benefits disability scheme was created to provide compensation to those who sacrificed in service to our country. "Congress has expressed special solicitude for the veterans' cause. . . . A veteran, after all, has performed an especially important service for the Nation, often at the risk of his or her own life." *Shinseki v. Sanders*, 556 U.S. 396, 412 (2009).

VA routinely orders a compensation examination as a key component of adjudicating a veteran's disability claim. "When there is a claim for disability compensation or pension but medical evidence accompanying the claim is not adequate for rating purposes, a Department of Veterans Affairs examination will be authorized." 38 C.F.R. § 3.326. VA will obtain a medical opinion or examination when there is insufficient medical evidence of record to decide the claim and (1) there is competent lay or medical evidence of a currently diagnosed disability; (2) the veteran suffered an event, injury, or disease in service or has a diagnosis or symptoms of a recognized presumptive condition; and (3) the evidence indicates the claimed condition may be associated with the event, injury, or disease in service or with another service-connected condition. 38 C.F.R. § 3.159(c)(4); M21-1, IV.i.1.A.1.b.; *see also McLendon v. Nicholson*, 20 Vet.App. 79, 81 (2006) (outlining when VA must obtain an examination).

In FY 2024, VA conducted 3 million contract exams, which represented 93% of all exams at a cost of over \$5 billion. GAO, *VA Disability Benefits: Agency Has Taken Steps, But Challenges Remain with Managing and Modernizing Its Program* 8 (October 29, 2025), <https://www.gao.gov/assets/gao-26-108789.pdf>. Despite the decision to rely more heavily on contract examiners, the VA disability examination process remains broken. VA, through its Medical Disability Examination Office (MDEO), fails to hold contractors and examiners accountable for numerous problems with the system, which we detail below based on the input of our members. NOVA has provided testimony on these problems for many years. *See, e.g.,* NOVA, *Statement Before the Senate Committee on Veterans' Affairs*, "Putting Veterans First: Is the Current VA Disability System Keeping Its Promise?" (October 29, 2025); NOVA, *Statement Before the House Committee on Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs Oversight Hearing*, "Examining the VA Appeals Process: Ensuring High Quality Decision-Making for Veterans' Claims on Appeal" 7-10 (November 29, 2023), <https://docs.house.gov/meetings/VR/VR09/20231129/116596/HHRG-118-VR09-Wstate-RauberD-20231129.pdf>; NOVA, *Statement for the Record Before the House Committee on Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs*, "VA Disability Exams: Are Veterans Receiving Quality Services?" (July 27, 2023), [-3-](https://docs.house.gov/meetings/VR/VR09/20230727/116269/HHRG-118-VR09-</a></p></div><div data-bbox=)

[20230727-SD004.pdf](#); NOVA, *Statement for the Record Before the Senate Committee on Veterans' Affairs Concerning Pending Legislation to Include "Discussion Draft S. \_\_, No Bonuses for Bad Exams Act of 2022"* (July 13, 2022). Without fixing the examination piece of the disability adjudication process, veterans will continue to experience substandard treatment, erroneous decisions, unnecessary appeals, and delays in obtaining just decisions.

#### I. VA FREQUENTLY IGNORES COMPETENT PRIVATE EVIDENCE AND ORDERS UNNECESSARY EXAMS.

VA frequently orders examinations when adequate medical evidence of record exists, to include private medical evidence and opinions. *See* 38 U.S.C. § 5125 (“a report of a medical examination administered by a private physician that is provided by a claimant in support of a claim for benefits under that chapter may be accepted without a requirement for confirmation by an examination by a physician employed by the Veterans Health Administration if the report is sufficiently complete to be adequate for the purpose of adjudicating such claim”). VA may not undertake “additional development if a purpose [is] to obtain evidence against an appellant’s claim.” *Mariano v. Principi*, 17 Vet.App. 305, 312 (2003). In some instances, NOVA members report that VA orders additional examinations that appear to be “tie breakers,” e.g., when there is one negative and one favorable opinion. Such exams are in contravention of VA law and policy requiring adjudicators to grant the claim when the evidence is in relative equipoise.

**Example:** The veteran submitted a private opinion supporting his claim. After waiting over three years for a decision from the Board of Veterans’ Appeals (Board), the Board ignored the opinion and remanded for VA to “obtain a TERA-specific VA medical opinion.” VA issued a TERA memo that was **positive** for “other deployment related exposure . . . which is consistent with the Veteran’s service.” VA then obtained a **favorable TERA opinion**. Instead of granting the claim, VA ignored this evidence and requested another TERA opinion. The new TERA memo was identical to the first one, i.e., **positive**, but the new opinion was **negative**. VA relied on the negative opinion to deny this claim, which is now headed back on appeal to the Board. The veteran is 75 years old.

Furthermore, VA also routinely rejects favorable, well-rationalized, private medical opinions for improper/unlawful reasons. Although the CAVC has repeatedly admonished the Board for rejecting favorable evidence for these reasons, *see, e.g., Nieves-Rodriguez v. Peake*, 22 Vet.App. 295, 304 (2008) (Board may not reject a private medical opinion in favor of a VA opinion solely because the VA examiner reviewed the claims file); *Kowalski v. Nicholson*, 19 Vet.App. 171, 179-80 (2005) (Board may not disregard a medical opinion solely because the opinion was based on a history provided by the

veteran); *see also Coburn v. Nicholson*, 19 Vet.App. 427, 432 (2006) (“[R]eliance on a veteran’s statement renders a medical report incredible only if the Board rejects the statements of the veteran”), these types of rejections continue to occur on a regular basis.

It is not only the initial examination process that results in too many unnecessary examinations. In March 2023, the VA Office of Inspector General (OIG) estimated that rating specialists erroneously established reexamination controls in about 66 percent of cases and requested unwarranted exams in about 44 percent of cases. Department of Veterans Affairs, Office of Inspector General, *Veterans Benefits Administration: Veterans Are Still Being Required to Attend Unwarranted Medical Reexaminations for Disability Benefits* (March 16, 2023).

Unnecessary examinations and reexaminations waste veterans’ time, VA’s time, and taxpayer dollars. *NOVA Recommendation: VA previously convened an Over-Development Reduction Task Force and collaborated with accredited stakeholders in its work. VA should reinstate these efforts and tackle overdevelopment.*

## II. VA AND ITS CONTRACT EXAMINERS STRUGGLE TO OBTAIN ADEQUATE EXAMS FOR VETERANS, RESULTING IN REWORK, WASTED TAXPAYER DOLLARS, AND DELAY.

When VA seeks a medical examination or opinion, the Secretary must ensure it is adequate. *Barr v. Nicholson*, 21 Vet.App. 120, 123 (2007); *see also Acevedo v. Shinseki*, 25 Vet.App. 286, 293 (2012) (adequate medical report must be based on correct facts and reasoned medical judgment). NOVA members report several common issues with MDEO, examiners, and VA employees, as outlined below, that result in inadequate exams and deprive veterans of the due process they are owed in this system.

### **VA generates too many poorly written examination scheduling requests (ESRs).**

The examiner will only perform what is stated in the ESR, so if that is not sufficiently detailed or contains inaccurate information, the result will be inadequate. NOVA members report that requests frequently do not match the veteran’s claims or incorporate the remand instructions articulated by the Board or the CAVC. Sometimes, the request is not clear as to whether the veteran must appear for an exam or the examiner can write the report based on a record review. Without accurate details and clear guidance, inadequate exams and incomplete reports are the result, as demonstrated in the examples below.

**Example 1:** If a “TERA exam” is ordered without additional detail, the examiner will conduct a very broad exam and often come back with a negative “canned” answer regarding the “synergistic effect of TERA.” The ESR should contain specific details about

why the exam is being ordered, e.g., due to exposure to a specific toxin, such as TCE, benzene, fuels, solvents, etc.

**Example 2:** NOVA members report ESRs will specify an exam to determine if a claimed condition is secondary to another service-connected condition, but fail to mention a medication taken or other form of treatment for the service-connected condition that often may cause the secondary condition, e.g., a claim for erectile dysfunction caused by medication taken for service-connected posttraumatic stress disorder (PTSD) or by radiation treatment for service-connected prostate cancer. Furthermore, as discussed below, because it is unclear whether examiners have access to, or are fully reviewing, the veteran's claims file, they may not be aware of the medications or treatment a veteran is receiving if the ESR does not contain that information.

**Example 3:** TERA exams are frequently scheduled for conditions specifically excluded under the PACT Act, which could not result in a grant. However, VA is not ordering a more general exam that might result in a grant. This failure to order the correct exam wastes time and money, as well as confuses and upsets veterans.

In FY23 and 1Q FY24, VA reported 3,879,753 ESRs were submitted and claims processors sought clarification on 895,635—or 23 percent—of those. The top reasons for clarification included the following: (1) wrong disability benefits questionnaire (DBQ); (2) missing DBQ; and (3) incomplete/missing medical opinion. These clarifications require time and rework on the part of VA employees.

**Contractors and examiners frequently fail to comply with ESR or Board remand instructions specifying the type of exam/examiner.**

Frequently, the Board orders a particular type of examination, but it is conducted by an inappropriate provider or contractors struggle to find the right one.

**Example 1:** In an appeal that had been pending since 2010 and remanded multiple times, the Board remanded most recently in 2023 with specific instructions to obtain a medical opinion from someone who “specializes in vascular diseases or other related discipline.” Nearly a year later, the contractor returned an opinion from a family physician. A few months later, an opinion was finally secured from a vascular surgeon, which was favorable. VA then **failed to mention this favorable opinion** in its denial and **relied on the family physician’s negative opinion** to deny the claim.

**Example 2:** In 2019, the Board remanded a case for a veteran domestically exposed to Agent Orange, ordering a new exam to be conducted by a specialist in epidemiology. VA denied the claim, stating it could not find such a specialist. The veteran’s representative filed for direct review to the Board in November 2020, specifically to challenge VA’s

failure to obtain the specialized exam. The Board then took three years to consider the case, and again remanded for an exam by a specialist in epidemiology and allowing for an opinion based on file review if an in-person exam was not available. In October 2024, with no additional attempts to find a qualified specialist, VA sent the case to the Director of Compensation, who concluded the Board “erred” because a legal determination regarding whether the veteran was exposed to Agent Orange had not been made. VA denied the claim based on the Director’s findings. After a higher-level review, VA sought additional evidence regarding exposure, which was provided. VA again denied, failing to specifically address much of the additional evidence submitted. This case is headed back to the Board. **Six years after the Board’s initial remand order**, VA still has not complied with it.

The repeated failure of contractors to comply with remand instructions requires VA to then seek addendum opinions, adding to rework and backlogs – with additional payment (taxpayer dollars) going to the contractor. Unfortunately, a Board remand under the AMA is far more costly than one in the legacy system. When the Board remands an appeal in the legacy system, a veteran, survivor, or family member who is dissatisfied with the results of the remand can return to the Board with the same docket date as before. By contrast, an AMA remand means the appellant loses their original docket date. If their appeal is remanded and denied again, they must start over with a new docket date if they choose to return to the Board. Because backlogs and remands at the Board continue, absent qualifying for advancement on the docket, the appellant will wait many years for the Board to issue a decision – hopefully, one that’s not another remand.

**Examiners are not reviewing the entire claims file and critical evidence is being overlooked.**

NOVA members have repeatedly expressed concern that examiners are not receiving a copy of the veteran’s entire file to review (even though examiners check the box stating that they have reviewed it). It appears contractors are often only receiving parts of the file that have been “bookmarked” for the examiner to review. NOVA has long reported on problems with VBMS labelling that renders such a process fraught with error. When documents put in VBMS are not properly labelled, reviewers miss important evidence and issue erroneous decisions. For example, this lack of access and overreliance on bookmarking can be particularly problematic in claims and appeals involving military sexual trauma (MST) where important markers might be missed. Identifying such markers takes knowledge and training, and it is entirely unclear what training “bookmarkers” are receiving. Likewise, as discussed above, if medication and treatment related to a service-connected condition is not properly recognized by the examiner, secondary conditions may be overlooked.

Furthermore, clients report examiners are asking them for copies of materials that are already in the VBMS file. Examiners also state they cannot see evidence submitted by veterans and advocates to VBMS, further supporting that they may not have access to the entire record. Some contractors ask veterans to complete pre-exam questionnaires. Depending on the veteran, their disability, the length of the claim/appeal, and cognitive/memory issues, this request can be burdensome.

**Example 1:** “VA is telling contract examiners in ESRs to review the entire eFolder, but there are too many reports of veterans going to exams and contract examiners stating they do not have access to crucial documents. Where is the problem? Is the VA not giving complete access or is it being filtered out by the contractor before it gets to the examiner? Although VA examiners are checking the blocks that they have reviewed the entire eFolder, I don’t think that is happening.”

**Example 2:** “I have had numerous clients forward me requests for copies of information that is already in the VBMS file. I respond to the vendor identifying where the information is in VBMS and am being told by the vendors that they do not have access to the claims file. My question to this is why are the vendors checking off they have reviewed the claims file when they do not have access to the file? I get the response that that is what they were trained to do. But I find this rather disturbing as it's very clear they do not have access but are saying they do.”

Despite numerous requests from NOVA for more information in both the prior and current Administrations, VA is not being transparent about this process and examiners may be falsely attesting that they have reviewed the entire file when they have not. *NOVA Recommendation: Congress should require VA to provide accurate information about this process and ensure that examiners are reviewing the veteran’s entire file.*

**Pressure to perform results in sloppy and/or generic reports written by contract examiners.**

NOVA members report that the contract examiners’ written product is often incomplete or inaccurate. Reports frequently do not consider the specific concerns of the veteran but rather rely on generic or irrelevant information. As noted below, this sloppiness results in higher-level reviews, Board appeals, remands, and rework.

**Example 1:** In April 2024, VA received a secondary medical opinion regarding whether a left shoulder injury was caused due to overuse from compensating for a right shoulder injury. The contract examiner provided a negative opinion, appearing to copy and paste inapplicable rationale for that opinion in pertinent part: “unless there is a shortening of the limb so that the individual’s gait pattern has been altered to the extent there is a clinically obvious Trendelenburg gait.” This condition has no relationship to the shoulders, as made

clear by the definition of Trendelenburg gait: “[A]n abnormal gait resulting from a defective hip abductor mechanism.” NIH, National Library of Medicine, *Trendelenburg Gait*, <https://www.ncbi.nlm.nih.gov/books/NBK541094/#:~:text=Trendelenburg%20gait%20is%20an%20abnormal,the%20contralateral%20side%20while%20walking>. The NOVA member who provided this example followed up to note that the exact same error happened in the case of a different veteran in a different region of the country.

**Example 2:** Despite private medical treatment indicating the veteran had herniated discs and radiculopathy, the first VA examiner concluded the veteran’s back was normal and did not check off any condition. After a higher-level review, VA returned the claim for a new examination. Although the report had basic information filled in, **the opinion/nexus portions of the report were completely blank. No opinion was provided at all.** VA denied the claim again for lack of a link between service and his condition.

**Example 3:** In a claim seeking service connection for obstructive sleep apnea (OSA), VA requested a TERA medical opinion. The TERA opinion came back “negative,” even though the contract examiner noted the veteran had a sleep test positive for OSA **during active duty**. The contract examiner only completed the part of the medical opinion template that addressed TERA and VA overlooked the critical fact that the veteran had been diagnosed with the condition while on active duty, which would have allowed for direct service connection. Instead, the veteran was denied benefits.

**Example 4:** After one inadequate exam for a veteran with a kidney mass, VA ordered another examination. His representative noted the second examiner did not have access to the entire record, and apparently the proper records were not “bookmarked” that would have indicated the veteran’s use of Meloxicam. The examiner opined that “the main cause of kidney disease is hypertension and diabetes mellitus,” with “speculation that a poor diet, obesity, and smoking can increase the risk.” These generic statements, used as the reason to find no connection for the claimed condition to service, are completely irrelevant to this young veteran’s claim, **as he does not have hypertension or diabetes, is not obese, and does not smoke.** These important facts were all available in his medical files and should have been reviewed and considered.

**Example 5:** In July 2025, a veteran seeking service connection for cervical cancer requested a higher-level review after a denial based on a generic TERA opinion. The higher-level reviewer found that the “[c]urrent TERA opinions are inadequate for rating purposes because they are not tailored to the veteran’s medical history.” The examiner discussed “common risk factors,” but not “specific risk factors” or “the multiple statements submitted since 2020 in support of this claim discussing a possible link” between the claimed condition and the veteran’s toxic exposure. The higher-level review decision further noted that “[m]edical opinions must be tailored” to the veteran’s medical

history. Because the contract examiner failed to do this right the first time, the veteran had no choice but to seek a higher-level review and have his claim delayed while another exam is completed.

These problems have been acknowledged by both the VA OIG and the Government Accountability Office (GAO). In June 2022, the VA OIG acknowledged that “[r]esults of medical exams are critical pieces of evidence in supporting veterans’ claims for benefits, and the exams represent a significant investment by VBA.” Department of Veterans Affairs, Office of Inspector General, *Veterans Benefits Administration: Contract Medical Exam Program Limitations Put Veterans at Risk for Inaccurate Claims Decisions* i, June 8, 2022, <https://www.va.gov/oig/pubs/VAOIG-21-01237-127.pdf>. The report also found, among other things, that “[a]ll three vendors failed to consistently provide VBA with the accurate exams required by the contracts” and “vendor exam accuracy has not improved and exam errors have not been resolved.” *Id.* at 8; 10. Contract examiners must comply with the terms of their contracts and be held accountable when they fail to do so. Furthermore, contractors must correct errors and provide adequate examinations to reduce repeated remands, which result in continuing delay and backlogs.

More recently, GAO found MDEO miscalculated certain payments intended to incentivize high-quality exams, did not have written procedures for verifying the accuracy of the exam error data to calculate financial incentives, failed to meet its schedule for reviewing exams for more complex claims, and failed to collect feedback directly from examiners. GAO, *VA Disability Benefits: Additional Oversight and Information Could Improve Quality of Contracted Exams for Veterans* (August 18, 2025), <https://www.gao.gov/assets/gao-25-107483.pdf>. These reports support the need for oversight and reform of the process.

### **III. MDEO NEEDS TO RESUME REGULAR BRIEFINGS TO THE ACCREDITED STAKEHOLDER COMMUNITY.**

MDEO previously provided regular updates to the accredited stakeholder community. These briefings have not taken place for many months. VA should reinstate these briefings to ensure accredited representatives have the most updated information and can ask questions.

### **IV. CONTRACTORS AND CONTRACT EXAMINERS MAKE THE LOGISTICAL PROCESS CHALLENGING FOR VETERANS.**

**Scheduling and rescheduling are difficult, with notice often insufficient.**

Exams, particularly for rural veterans, are frequently scheduled with insufficient notice and without enough time to make appropriate travel arrangements for the examination. Contract examiners are not sufficiently responsive to veterans who are elderly, bedridden, or otherwise unable to travel to exams. Examples of these and other notice/scheduling issues include the following:

**Example 1:** “My clients are frequently scheduled for exams with only one to three days advance notice.”

**Example 2:** From a legal services provider in Connecticut: “My clients (who are often far below the poverty line and without access to transportation) receive contract exams as far away as Long Island or Rhode Island. One was a client with advanced Parkinson’s disease who had to travel to Rhode Island for his examination.”

**Example 3:** “If a veteran cannot attend due to previous schedule conflicts, they are told by the contractor they can only reschedule it one time and not for more than 10 days out. If veteran’s schedule will not allow attendance at an exam within the next 10 days, the contractor reports to VA that the veteran is unavailable. New rating decisions are being issued denying appeals based on the veteran not appearing for the exam. We submit statements immediately and have the veteran call the contractor and VA, but most of the time it is still reported as the veteran is unavailable. I’ve probably had to do at least 10-15 supplemental claims in the past year due to this and fortunately almost all order new exams, but it is clogging up the system.”

**Example 4:** “I have a veteran that went to two appointments that he drove an hour to both times and the exam got canceled due to the provider not being available. Then he got rescheduled a third time for an exam he could not make, and they sent it back to VA. This is very frustrating for the clients.”

**Example 5:** “I have a client on hospice over 85. They contacted his wife to schedule an exam and she requested a home visit because he is completely bedridden. The exams were cancelled with the reason: ‘servicemember unavailable.’”

**Example 6:** “I have a veteran that drove three hours to an appointment and the office was closed for a holiday.”

**Contract examiners do not accept cancellations, resulting in unnecessary “no-shows.”**

NOVA has previously reported that providers are unable to accept cancellations and it is not clear if this issue has been addressed. When an issue or illness arises that prevents the veteran from attending an appointment shortly before, or the day of, the examination, the provider will refuse to accept the cancellation or inform a veteran they must contact the

contractor. In many instances, the veteran does not have that information, and then gets marked as a “no-show.” Contractors still get paid when a veteran does not appear for an examination, wasting taxpayer dollars. Providers should be able to handle these cancellations.

**Contract examiners fail to answer basic questions and some demonstrate inappropriate demeanor towards veterans.**

Some examiners refuse to answer basic questions raised by the veteran, such as their full name, specialty, diagnosis, or ROM measurements. Veterans have a right to know this basic information and it should be provided when requested.

**Example:** “I have numerous clients that will call and ask the providers what exams will be covered, and the providers do not tell them. They will also have duplicate exams ordered for the same issue within a week and when asked why they need to attend again, they get no response from VA or the provider and are forced to go to sometimes two to three exams for the same condition. Naturally this causes conflicting results which then the VA will sometimes order another exam after that to clarify all the exams. This is frustrating for them and frustrating to see on my side too.”

Furthermore, while one contractor will generally put the training classes and examiner credentials at the bottom of the appointment notification letter, most contractors do not. This information should be consistently provided to veterans.

While proper training and credentials are critical, it is also important that the contract examiners have the appropriate demeanor for the task. NOVA members unfortunately report that this is not always the case.

**Example 1:** “At least two examiners around here have been so disrespectful to the veterans that we’ve had to complain and get new exams.”

**Example 2:** “One specific examiner will regularly do a 5-minute totally inadequate physical exam and spend the rest of the time asking the veteran questions and typing on her computer. My clients report she is dismissive and questions them like they are being cross-examined in a trial.”

Contractors must ensure that the examiners they employ have the appropriate “bedside manner” to compassionately address the concerns of the veterans they examine.

Furthermore, some NOVA members try to report their clients’ complaints regarding treatment from certain examiners. The process is time-consuming and not transparent enough. VA must ensure there is a robust and transparent process for such complaints.

*NOVA Recommendation: MDEO must dictate terms to contractors to ensure that veterans are at the center of the exam process.*

**Contract facilities are not consistently complying with ADA and OSHA.**

In May 2024, the VA OIG issued a report entitled, *Better Oversight Needed of Accessibility, Safety, and Cleanliness at Contract Facilities Offering VA Disability Exams*, <https://www.vaog.gov/sites/default/files/reports/2024-05/vaoig-23-01059-72.pdf>. This investigation unveiled several disturbing findings, including but not limited to the following: (1) MDEO did not ensure or verify vendors' compliance with the American with Disabilities Act (ADA) or the Occupational Safety and Health Act (OSHA); (2) few vendor facilities complied with ADA and OSHA standards; (3) OIG identified deficiencies that could make exam facilities difficult to access and unable to accommodate some veterans who need exams; (4) exams scheduled at facilities with deficiencies may create difficulty for veterans with mobility issues; and (5) MDEO lacked formal standard operating procedures and training for site visits to assess safety and accessibility compliance. The OIG concluded that MDEO must improve its oversight of contract exam facilities to ensure ADA and OSHA mandates are met.

NOVA members frequently report issues with facilities that mirror the findings of the OIG. *NOVA Recommendation: VA must demand that vendors ensure facilities are ADA- and OSHA-compliant, and Congress should continue its oversight of this issue.*

**V. SOME EXAMINERS DEMONSTRATE LACK OF ADEQUATE TRAINING ON CERTAIN CORE CONCEPTS.**

NOVA members report recurring inaccuracies on core concepts in veterans' benefits and exam protocols. These recurrent issues demonstrate a lack of adequate training that must be addressed. In each of the examples below, the cases will require additional exams and rework.

**Example 1:** "More than one examiner from more than one contractor refuses to recognize the combat presumption and will regularly provide a negative nexus based on the (1) lack of complaints in the service treatment records and (2) the passage of time with no other reasons."

**Example 2:** "Mental health examiners completing mental health exams by video teleconference will regularly convince veterans to do these exams by phone if they can't get the video conferencing software to work."

**Example 3:** “Migraine exams are consistently completed by the examiner first reviewing the records, then call the veteran on the phone to ask a few questions that usually don’t include the key question of whether the headaches are so severe that they cause the veteran to lay down to get rid of them.”

**Example 4:** In a TERA opinion pursuant to a claim for service connection for polycythemia vera (PV) based on toxic exposure as analogous to other presumptive PACT Act blood cancers, the examiner made statements demonstrating a lack of understanding of the TERA process and the correct standards to apply. The examiner stated that the condition is not “currently recognized,” but if the condition were recognized as presumptive, the TERA opinion would not be necessary. Further, the examiner stated there was “no definitive evidence to support” that toxic exposure causes PV. But there is no requirement to find “definitive” evidence; the examiner failed to apply the appropriate approximately “at least as likely as not” standard. *See Wise v. Shinseki*, 26 Vet.App. 517, 531 (2014) (“In keeping with the benefit of the doubt rule, Congress has not mandated that a medical principle have reached the level of scientific consensus to support a claim for VA benefits. . . . Congress, through the enactment of section 5107(b)’s low standard of proof for all issues material to a claim for veterans benefits, has authorized VA to resolve a scientific or medical question in the claimant’s favor so long as the evidence for and against that question is in ‘approximate balance.’”)

***NOVA Recommendation: VA needs to ensure that its training programs are adequate and examiners thoroughly understand requirements and standards.***

## **VI. CONGRESS SHOULD PASS LEGISLATION TO ADDRESS THESE PROBLEMS AND PROVIDE REGULAR, RIGOROUS OVERSIGHT OF MDEO AND THE EXAMINATION PROCESS.**

NOVA has supported numerous legislative proposals that would hold VA and examiners more accountable and improve the process. For example, in July 2022, NOVA filed a statement in support of draft legislation, i.e., No Bonuses for Bad Exams Act, before the Senate Committee on Veterans’ Affairs. NOVA, *Statement for the Record Before the Senate Committee on Veterans’ Affairs Concerning Pending Legislation to Include Discussion Draft, S. \_\_, No Bonuses for Bad Exams Act of 2022* (July 13, 2022). That bill would have ensured inadequate examinations do not adversely impact veterans’ claims, e.g., by prioritizing new exams and subsequent claims processing when a veteran has received an inadequate examination, by permitting reports of inadequate or unnecessary examinations to be removed from the veteran’s record, and by ensuring inadequate or unnecessary examinations are not used for adjudication, review, or litigation purposes.

More recently, in April 2024, NOVA filed a statement in support of certain provisions of another draft bill, i.e., the Medical Disability Examination Improvement Act of 2024. NOVA, *Statement for the Record Before the House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs Concerning Pending Legislation* (April 10, 2024), <https://docs.house.gov/meetings/VR/VR09/20240410/117069/HHRG-118-VR09-20240410-SD004.pdf>. Section 6 of this draft bill would have required review and priority processing of claims where inadequate or unnecessary examinations were used to decide them. Of particular importance in section 6 is the requirement for VA to provide “another examination, if necessary, on a priority basis” and to provide “priority processing for the entirety of [the] impacted claim.”

This Congress, NOVA supports H.R. 2137, Review Every Veterans Claim Act of 2025. NOVA, *Statement of National Organization of Veterans' Advocates Before the House Committee on Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs on Pending Legislation* (March 26, 2025), <https://docs.house.gov/meetings/VR/VR09/20250326/118034/HHRG-119-VR09-Wstate-BoydRauberd-20250326.pdf>. This bill would amend current 38 U.S.C. § 5103A to provide that, “[i]f a veteran fails to appear for a medical examination provided by the Secretary in conjunction with a claim for a benefit under a law administered by the Secretary, the Secretary may not deny such claim on the sole basis that such veteran failed to appear for such medical examination.” This measure could reduce the burden on the system by ensuring VA reviews the claim to see if it can be granted based on the evidence of record.

***NOVA Recommendation: Congress should conduct rigorous oversight of the VA examination process and pass legislation that would improve the process and ensure accountability when VA fails to provide timely, adequate, and accurate disability examinations for veterans.***

## CONCLUSION

NOVA thanks you for allowing us to present our views on this important topic. NOVA welcomes the opportunity to engage with this Committee, VA, and accredited stakeholders to provide additional feedback on this topic. If you have questions or would like to request additional information, please feel free to contact:

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