Chairwoman Luria, Ranking Member Bost, and members of the subcommittee, I thank you for the chance to testify today on the important matter of what veterans living in rural areas face when attending Compensation and Pension (C&P) exams as part of their VA disability claims.

The C&P exam is a vital part of the process for determining if a veteran has a condition that is service-connected and in determining the severity of the condition. The integrity of those exams should be protected, and this important tool will continue to be part of the process, but it should not be a burden to the veteran. As an accredited Veterans Service Officer, I discuss these exams with every veteran I represent before the exams happen so the veteran understands what to expect and I also hear from those veterans what their experience was with the exam. Further, I have personally sat through several exams related to the many claims I have submitted resulting in the VA disability rating I have. The C&P exam is a major phase of completing a VA disability claim, but it is a process which can be improved.

The VFW provided testimony on contracted exams to this subcommittee on November 15, 2018. In that testimony, the VFW highlighted five major issues and I can report that those issues are only worsened by the fact that a veteran lives in a rural area.

A shortage of examiners, both full-time and contracted, is something the VA is known to have. However, there are ways to solve this. I was at a medical appointment last Friday and the usual nurse I see when I check in informed me that she will be retiring after 19 years with VA. She asked me, knowing what I do for the VFW, what she could do to stay involved at the VA and continue to help veterans. She added something that shocked me when she stated that she would be happy to continue working part-time but that she was told VA rules prohibit part-time work. Considering the shortage of medical professionals in our nation today, why would we want to turn away those who could fill critical gaps in areas like C&P exams. As rural veterans wait for an appointment, this could be an option to help solve the problem.
Veterans also complain about the distance they travel for an appointment. I represent a veteran who is unable to drive long distances and his daughter drives him. VA recently granted his claim for Type 2 Diabetes associated with Agent Orange. However, his experience with C&P exams is one that is both absurd and one which we can use to highlight ways to fix this system.

His C&P exam was a four-hour drive, roundtrip, and driving that distance is not something he and his wife can easily do at their age. Their daughter would take off from work for an entire day so she could drive them. The exam was deemed incomplete by the VA and the veteran was forced to return to that doctor for another exam. The veteran reported to me that both exams lasted less than 30 minutes each. Eight hours of driving for less than 60 minutes with the doctor is not the best use of VA resources and it only serves as a negative experience for the veteran.

I often hear from veterans that their VA doctor, who works for the Veterans Health Administration (VHA), has diagnosed them having a condition but they must still go through a C&P exam administered by the Veterans Benefits Administration (VBA). If VA professes that there is only one VA and that all parts are working together to provide the best care and experience for the veteran, why can’t the evidence found in a VHA exam suffice for a claim submitted through VBA? I certainly understand that the responsibility of the VHA doctor is to treat the condition – not necessarily evaluate the current extent of a disability within the perimeters of the VA Rating Schedule for Disabilities. However, in lieu of forcing veterans to drive ridiculous distances to C&P exams, I believe it would be more practical for VBA to first request that a VHA treating physician complete the required disability benefits questionnaires. This could perhaps eliminate the need for a veteran to ever appear for an evaluative exam, should the treating physician have the ability to provide the necessary information to adjudicate the claim. VBA already pulls the medical records cited as evidence from VHA and this could be an additional use of those records that would provide a positive impact in this process.

Continuing on this issue, I would point to the types of conditions that veterans file for that are conditions diagnosed with a simple blood test. The veteran I mentioned lives less than 30 minutes from a VA clinic and could have reported there for the blood draw needed to diagnose his diabetes. Further, his private doctor could have provided evidence obtained through a blood test and this highlights the VFW’s long-standing position supporting greater use of private medical evidence in the claims process. Repetitive work that only re-diagnoses a condition is something that needs to end and would make the claims process easier for all veterans, including those living in rural areas.

Any portion of a C&P exam which requires the veteran to be visually seen by an examiner is an opportunity to use telehealth – especially for rural veterans. The VFW praises VA for the work they have done to expand options and is a proud partner in one of the latest VA projects, Advancing Telehealth to Local Access Stations, better known as Project ATLAS. ATLAS uses the buildings owned by VFW and American Legion Posts to provide locations for telehealth based medical appointments. There is no reason VA cannot use telehealth for C&P exams. The veteran I mentioned who received a grant for his claim for Diabetes could have experienced a much shorter drive if the VA had telehealth options for the exam. The use of telehealth would be especially useful in the case of C&P exams where there is no need for lab work or x-rays, and no
need to physically touch a veteran. I want to especially highlight the ability of VA to use telehealth in the area of mental health claims as they are extensively using it for the treatment of mental health conditions. Veterans already using telehealth would see much less distance travelled and some, who use telehealth from the comfort of their home, would see travel for an exam eliminated entirely.

VA has partnered with other federal agencies in the past to help veterans by using the doctors in those other agencies to provide care. For example, VA partnered with the Indian Health Service to provide care for American Indian and Alaska Native veterans. Partnerships like this could be repeated for C&P exams.

An additional option for VA would be to bring on more partners who could provide the exams. We continue to see the VA as a teaching hospital which is something the VFW applauds. This effort exists in many ways with medical schools and nursing programs partnering directly with the VA to place their students. Partnering with medical schools to provide C&P appointments would be a great option.

Finally, VA and its third party contractors that provide many C&P exams need to offer more flexibility for veterans in completing their exams. The VFW is well aware that VA tightened its timelines to complete exams under its most recent contracts. This time crunch only exacerbates unnecessary travel burdens for rural veterans. Like I mentioned before, the reason rural veterans have to travel so far for C&P exams is because the contractors cannot find sufficient capacity to conduct the exams in highly rural areas. Veterans understand that many times VA cannot grant a claim without a current exam, but in working with veterans, waiting another week for an exam is perfectly reasonable, if it means they can conduct the exam close to home. Moreover, VA’s current contracts also allow veterans only one opportunity to reschedule. If a veteran needs multiple exams, they can still only reschedule one of these exams. Otherwise, the contractor reports to VA that the veteran was unwilling to report for an exam. This is unreasonable, and only leave advocates like me to clean up the mess through unnecessary supplemental claims and appeals. VA’s contracts must reflect the actual needs and expectations of veterans. The current contracts do not.

However, while I have offered several options to improve this system, I want to be explicitly clear on one important issue: There is no support in my testimony for lowering the burden of proof needed for VA to grant a claim. The exams must maintain the level of integrity that the VFW has long supported having but there must be new options which mitigate the long drives and long waits experienced by a veteran. Accuracy being sacrificed for speed would only ensure a veteran gets the wrong decision faster and that is never the answer.

In closing and on behalf of those veterans living in small towns and wide-open spaces across this great nation, I ask that Congress work to improve the process by which a veteran is examined for their VA disability claims. Where a veteran lives should not serve as a burden they are forced to shoulder in this process. This concludes my testimony and I welcome any questions the Subcommittee may have. Thank you for the opportunity to testify.
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 2018, 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.