

**STATEMENT OF NINA TANN
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BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON DISABILITY AND MEMORIAL AFFAIRS
U.S. HOUSE OF REPRESENTATIVES**

**REEVALUATING THE RATING SCHEDULE: EXAMINING VA'S EFFORTS TO
MODERNIZE DISABILITY
BENEFITS**

JANUARY 14, 2026

Good afternoon, Chairman Luttrell, Ranking Member McGarvey, and distinguished Members of the Subcommittee. I appreciate the opportunity to appear before you today to discuss the Department of Veterans Affairs' (VA) efforts to modernize disability benefits. Joining me today is Dr. Ulia Sokol, a Medical Officer with the Veterans Benefits Administration.

For disability compensation or pension purposes, a Veteran's disabilities are evaluated using the VA Schedule for Rating Disabilities (VASRD), also known as the "rating schedule." The statute giving VA authority to establish and maintain the rating schedule, 38 U.S.C. section 1155, states: "The Secretary shall adopt and apply a schedule of ratings of reductions in earning capacity from specific injuries or combination of injuries. The ratings shall be based, as far as practicable, upon the average impairments of earning capacity resulting from such injuries in civil occupations...The Secretary shall from time to time readjust this schedule of ratings in accordance with experience."

VA is committed to updating its disability compensation rating criteria to accurately reflect medical science, advancements and improvements in technology, and current terminology. These updates allow VA to ensure its disability evaluations accurately compensate Veterans based on average impairments in earning capacity.

While VA has made numerous changes to the VASRD over time,¹ it has not completed a holistic and comprehensive update since 1945, despite notable progress during that time period. In 2003, the Government Accountability Office (GAO) deemed VA's disability program high-risk because VA had not systematically updated the VASRD. In response, VA developed a Modernization Plan in 2009 with the goal of comprehensively updating all 15 body systems of the VASRD. VA established workgroups that included medical and VA policy subject matter experts. VA used the groups' analyses of established medical research to begin the rulemaking process, which involves drafting and publishing a proposed and final rule for each body system. To date, VA has completed updates on 11 of the 15 body systems. Specifically, VA completed: Dental and Oral Conditions in fiscal year (FY) 2017; Endocrine, Gynecological Conditions and Disorders of the Breast, Organs of Special Sense (Eyes), and Skin in FY 2018; Hematologic and Lymphatic and Infectious Diseases, Immune Disorders, and Nutritional Deficiencies in FY 2019; Musculoskeletal, Cardiovascular, and Genitourinary in FY 2021; and Digestive in FY 2024. Updates made to the VASRD are generally applied prospectively and therefore, do not impact current beneficiaries in receipt of disability compensation. In circumstances where a change to the rating schedule lowers the rating assigned to a particular disability, Veterans enjoy numerous protections. Most notable of these protections is that a readjustment in the rating schedule cannot cause a rating in effect at the time of the change to be reduced unless an improvement in the Veteran's disability is shown to have occurred.

VA published proposed rules for the remaining four body systems, Mental Disorders (AQ82), Respiratory, and Ear (AQ72) in FY 2022 and Neurological Conditions and Convulsive Disorders (AQ73) in FY 2025. VA anticipates publishing the final rules for all four body systems in three rulemakings by the end of FY 2026, which will complete the first holistic and comprehensive update since 1945.

¹ Genitourinary, effective 02/17/1994. Dental/Oral, effective 02/17/1994. Gynecological Conditions/Breast Disorders, effective 05/22/1995. Hemic and Lymphatic, effective 10/23/1995. Endocrine, effective 06/06/1996. Infectious Diseases, effective 08/30/1996. Respiratory, effective 10/07/1996. Mental Disorders, effective 11/07/1996. Muscle Injuries, effective 07/03/1997. Cardiovascular System, effective 01/12/1998. Ear, effective 05/11/1999. Skin, effective 08/30/2002. Eye, effective 11/10/2008.

In 2019, VA established the VASRD Program Management Office with a mission of revising the VASRD through rulemaking—body system by body system, in staggered cycles of recurring reviews, in response to GAO’s high-risk recommendations. This iterative process ensures continuing alignment of the VASRD evaluation criteria with medical, scientific, and technological advancements. As with the initial iteration, VA will apply lessons learned from previous efforts and begin future iterations by establishing workgroups prior to developing proposed and final rules, which undergo a thorough medical, legal, and policy review prior to publication in the Federal Register. The rulemaking process generally takes 2 to 5 years to complete but can take longer due to the length and medical complexity of the VASRD updates. Updates to the VASRD require coordination to implement required claims processing system changes and to provide training and guidance to clinicians on disability benefits questionnaires and to claims processors charged with correctly applying current disability evaluation criteria.

Following the completion of the first holistic and comprehensive update to the VASRD, VA plans to continue updating the VASRD with the evolution of medical science and treatment modalities. While VA aims to update the rating schedule to simplify the claims process for Veterans and promote a fair and efficient process, VA will also standardize rating terminology and address contemporary claims processing issues to assist claims processors charged with delivering fair, efficient, and timely benefits decisions to Veterans.

In closing, VA remains committed to modernizing disability benefits by making continuous updates to the VASRD. We thank the Committee for your continued support of programs that serve the Nation’s Veterans and look forward to working together to further enhance delivery of benefits and services to Veterans.

Mr. Chairman, this concludes my statement. We look forward to answering any questions you may have.