

**AMENDMENT TO H.R. 5620, AS REPORTED
OFFERED BY MR. WALZ OF MINNESOTA**

Page 54, add after line 2 the following:

1 **SEC. 11. TREATMENT OF MEDICAL EVIDENCE PROVIDED BY**
2 **NON-DEPARTMENT OF VETERANS AFFAIRS**
3 **MEDICAL PROFESSIONALS IN SUPPORT OF**
4 **CLAIMS FOR DISABILITY COMPENSATION.**

5 (a) ACCEPTANCE OF REPORTS OF PRIVATE PHYSI-
6 CIAN EXAMINATIONS.—Section 5125 of title 38, United
7 States Code, is amended—

8 (1) by striking “For purposes” and inserting
9 “(a) IN GENERAL.—For purposes”;

10 (2) by striking “may” and inserting “shall”;
11 and

12 (3) by adding at the end the following new sub-
13 section:

14 “(b) SUFFICIENTLY COMPLETE DEFINED.—For pur-
15 poses of a report described in subsection (a), the term ‘suf-
16 ficiently complete’ means competent, credible, probative,
17 and containing such information as may be required to
18 make a decision on the claim for which the report is pro-
19 vided.”.

1 (b) EFFECTIVE DATE.—The amendment made by
2 subsection (a) shall apply with respect to medical evidence
3 submitted after the date that is 90 days after the date
4 of the enactment of this section.

5 (c) REPORT ON PROGRESS OF ACCEPTABLE CLIN-
6 ICAL EVIDENCE INITIATIVE.—

7 (1) IN GENERAL.—Not later than 180 days
8 after the date of the enactment of this section, the
9 Secretary shall submit to the Committee on Vet-
10 erans' Affairs of the Senate and the Committee on
11 Veterans' Affairs of the House of Representatives a
12 report on the progress of the Acceptable Clinical
13 Evidence initiative of the Department of Veterans
14 Affairs in reducing the necessity for in-person dis-
15 ability examinations and other efforts to comply with
16 the provisions of section 5125 of title 38, United
17 States Code, as amended by subsection (a).

18 (2) CONTENTS OF REPORT.—The report re-
19 quired by paragraph (1) shall include the following:

20 (A) The number of claims eligible for the
21 Acceptable Clinical Evidence initiative during
22 the period beginning on the date of the com-
23 mencement of the initiative and ending on the
24 date of the submittal of the report,
25 disaggregated by fiscal year.

1 (B) The total number of claims eligible for
2 the Acceptable Clinical Evidence initiative that
3 required a medical examiner of the Department
4 to supplement the evidence with information ob-
5 tained during a telephone interview with a
6 claimant.

7 (C) Information on any other initiatives or
8 efforts of the Department to further encourage
9 the use of private medical evidence and reliance
10 upon reports of a medical examination adminis-
11 tered by a private physician if the report is suf-
12 ficiently complete to be adequate for the pur-
13 poses of adjudicating a claim.

14 (D) The anticipated impact on the timeline
15 and accuracy of a decision on a claim for bene-
16 fits under chapter 11 or 15 of title 38, United
17 States Code, if the Secretary were prohibited
18 from requesting a medical examination in the
19 case of a claim in support of which a claimant
20 submits medical evidence and a medical opinion
21 provided by a private physician that is com-
22 petent, credible, probative, and otherwise ade-
23 quate for the purpose of making a decision on
24 that claim.

1 (E) Recommendations on how the Depart-
2 ment can measure, track, and prevent the or-
3 dering of unnecessary medical examinations
4 when the provision by a claimant of a medical
5 examination administered by a private physician
6 in support of a claim for benefits under chapter
7 11 or 15 of title 38, United States Code, is ade-
8 quate for the purpose of making a decision on
9 that claim.

10 (d) ANNUAL REPORT.—Not later than March 1 of
11 each year, the Secretary of Veterans Affairs shall submit
12 to Congress a report that includes, for the calendar year
13 preceding the year in which the report is submitted, the
14 following for each regional office of the Department of
15 Veterans Affairs:

16 (1) The number of times a veteran who sub-
17 mitted private medical evidence in support of a claim
18 for compensation or pension under the laws adminis-
19 tered by the Secretary was scheduled for an exam-
20 ination performed by Department personnel because
21 the private medical evidence submitted was deter-
22 mined to be unacceptable.

23 (2) The most common reasons why private
24 medical evidence submitted in support of claims for

1 benefits under the laws administered by the Sec-
2 retary was determined to be unacceptable.

3 (3) The types of disabilities for which claims for
4 benefits under the laws administered by the Sec-
5 retary were mostly commonly denied when private
6 medical evidence was submitted.

