



Veterans Affairs: The Appeal Process for Veterans' Claims

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Summary

Congress, through the U.S. Department of Veterans Affairs (VA), provides a variety of benefits and services to veterans and to certain members of their families. These benefits range from health care and related services to burial benefits. The veteran's basic eligibility for these programs and services is usually determined by the local VA office. Veterans not satisfied with the VA's decision(s) may wish to have them reviewed and may appeal the decision(s). The VA has certain statutory obligations to assist the veteran in the preparation of his/her application for benefits and any subsequent appeal(s). Among these obligations are assistance in the preparation of the initial application; provision of various records; medical exams; and other related issues. Certain legal and factual presumptions are established by statute that may be favorable to the veteran's claim. These issues are examined in **Appendix A** of this report.

Following the filing of the initial appeal, the local VA office will either allow or disallow the claim. If the veteran/claimant wishes to appeal further, a written request for appeal must be filed and various time deadlines and other requirements must be met prior to the case being considered by the Board of Veterans' Appeals (BVA). The appeal before the BVA may be a hearing at the local VA office by a traveling Board member; a hearing at the BVA office in Washington, DC; or a videoconference hearing at the local VA office. There are specific guidelines for a person representing a veteran before the BVA. The veteran/claimant may appeal the decision of the BVA to the Court of Appeals for Veterans Claims (CAVC), which is an independent federal court and not part of the VA. Appeal to the CAVC involves a 120-day appeal deadline, which has been the subject of legislation and a recent U.S. Supreme Court decision, discussed below. The decision of the CAVC may be appealed by either the veteran/claimant or the VA to the U.S. Court of Appeals for the Federal Circuit (Federal Circuit), an Article III court that sits in Washington, DC, and has exclusive jurisdiction to hear cases challenging CAVC rulings. Decisions of the Federal Circuit may be appealed to the Supreme Court, which has final jurisdiction.

In the 111th Congress, legislation was considered to modify the current 120-day time limit for an appeal from the BVA's final decision to be filed with the CAVC; however, none was enacted. On February 18, 2011, Representative Bob Filner introduced H.R. 810, which is similar to legislation introduced in the 111th Congress. If enacted, the bill would extend the 120-day limit for the filing of an appeal to the CAVC after a final decision of the BVA, upon a showing of "good cause" for such time as justice may require. For purposes of this legislation, "good cause" is considered to be the inability of a person to file within the 120-day period due to a service-connected disability. Meanwhile, the Supreme Court recently considered the 120-day limit for appeals to the CAVC in *Henderson v. Shinseki* (U.S. No. 09-1036). In its March 1, 2011, holding, the Court determined that the 120-day rule was not jurisdictional, and therefore did not necessarily preclude consideration of appeals following its expiration, under certain circumstances. The court did not prescribe specific criteria for these circumstances, but noted that veterans benefits legislation is generally interpreted as being "favorable to veterans." Legislative and administrative action may follow to implement the 120-day rule consistent with the holding in *Henderson*. This report traces the various steps involved in the appeal process—starting with the original application for benefits and concluding with an appeal to the Supreme Court. A chart outlining all of the steps in the appeal process is provided. Legislation was introduced in the 111th Congress concerning the appeal process which can generally be categorized as (1) streamlining the appeal process; and (2) extending the 120-day application appeal deadline to the CAVC. (See **Appendix B**.) In addition to H.R. 810, it is expected that other similar legislation concerning the appeal process may be introduced in the 112th Congress. This report will be updated as warranted.

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Introduction

Benefits for Veterans

Congress, through the United States Department of Veterans Affairs (VA), provides a broad variety of benefits and services to veterans and certain members of their families.¹ Among the benefits that the VA extends to veterans are various types of health care and related services, such as nursing homes, clinics, and medical centers; various types of financial benefits, including disability compensation and pensions; education, vocational training, and related career assistance; home financing; life insurance; burial benefits; and benefits for certain family survivors.²

The veteran's basic eligibility for these various services and programs is usually determined by the local VA office.³ Various criteria must be met in order for the veteran to be eligible for VA benefits, and the local VA office scrutinizes the veteran's claim before determining eligibility.⁴

Appeals from the Local VA Office Decisions

Veterans not satisfied with the decisions made by the local VA office on their claims or benefits may wish to have the decisions reviewed on appeal.⁵ The VA has stated that the two most common types of appeals concern 1) the VA's denial of benefits for a disability that the veteran believes is service-connected; and 2) the VA's rating a disability as less severe than the veteran believes is warranted.⁶ The first issue involves *disability compensation*, which is a monthly cash benefit for veterans currently impaired from past service-connected activities.⁷ The second issue

¹ See generally *Federal Benefits for Veterans and Dependents*, published by the Department of Veterans Affairs (2010 edition), available online at http://www1.va.gov/opa/publications/benefits_book/federal_benefits.pdf. See CRS Report RL33113, *Veterans Affairs: Basic Eligibility for Disability Benefit Programs*, by Douglas Reid Weimer. This report deals with the fundamental requirements for disability benefit programs. See CRS Report RL33323, *Veterans Affairs: Benefits for Service-Connected Disabilities*, by Douglas Reid Weimer. This report discusses various aspects of disability compensation, a monthly cash benefit program for veterans currently impaired from past service-connected activities.

² For a comprehensive list of CRS-related products relating to benefits for veterans, go to <http://www.crs.gov>, then click on "Social Policy," and then click on "Benefits for Veterans."

³ The *local VA office* is defined by the VA as "any local office of the Department of Veterans Affairs where claims for VA benefits are received and determined." This is usually a VA Regional Office or an administrative office at a VA medical center. The legal term for such an office is the "agency of original jurisdiction." A *VA Regional Office* is one of 58 VA regional offices located throughout the United States and its territories, and it is at these offices where most claims for VA benefits are filed and determined. *Thus, all Regional Offices are considered to be "local offices," but the concept of "local office" may also include administrative offices located at VA medical centers.* Therefore, all Regional Offices are "local offices," but not all "local offices" are Regional Offices. See *Board of Veterans' Appeals, Understanding the Appeal Process*, published by the Department of Veterans Affairs; VA Pamphlet 01-00-1 (January 2000) at 38-39 (cited to afterward as "Understanding"). (Apparently, this publication is no longer available online).

⁴ See CRS Report RL33323, *Veterans Affairs: Benefits for Service-Connected Disabilities*, by Douglas Reid Weimer.

⁵ *How Do I Appeal?*, published by the Board of Veterans Appeals, Department of Veterans Affairs; VA Pamphlet 1-02-02A (April 2002) at 1 (cited to afterward as "*How Do I Appeal?*"). See http://www.bva.va.gov/How_Do_I_APPEAL.asp.

⁶ *Id.*

⁷ See CRS Report RL33323, *Veterans Affairs: Benefits for Service-Connected Disabilities*, at 1.

involves the VA's *rating of the severity of the veteran's disability*—which is directly related to the amount of monthly disability compensation (a cash payment) the veteran receives.⁸ While these two issues seem to be the most prevalent types of appeals, nearly any decision made by the local VA office concerning benefits for veterans may be appealed.⁹

An appeal of the local VA office's decision may be made to 1) the local VA office (which made the original decision) and/or 2) the Board of Veterans' Appeals (BVA), which is discussed below. The findings of the BVA may be appealed to the U.S. Court of Veterans Claims. Subsequent appeals may be made to the U.S. Court of Appeals for the Federal Circuit and ultimately to the U.S. Supreme Court.

The Appeal Process

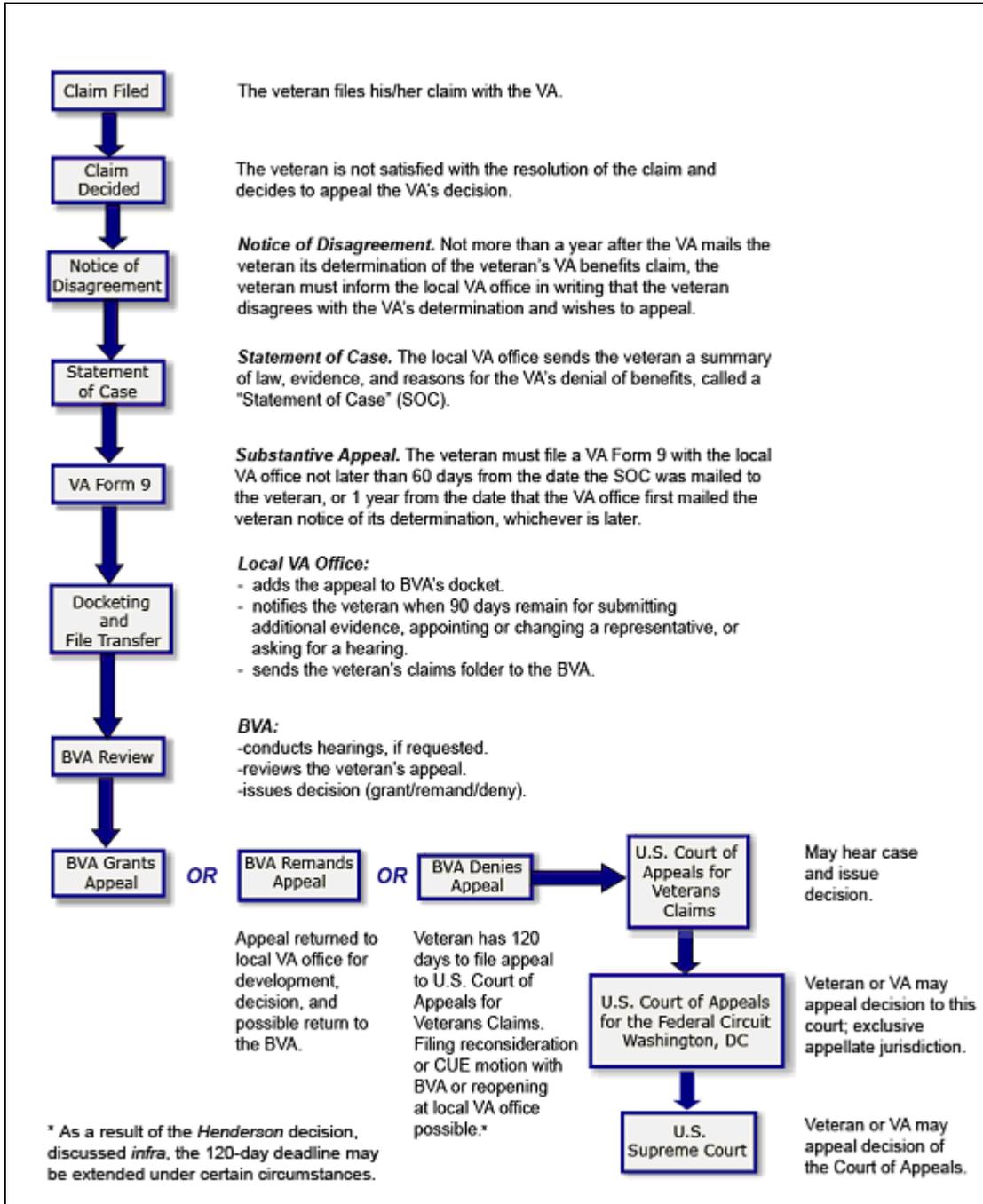
Flow Chart of the Various Steps in the Appeal Process

The appeal process consists of several steps. The following flow chart provides a simplified outline of the steps that must be taken by the veteran in an appeal. Each step is discussed in detail in the text following the chart.

⁸ *Id.* at 7-10. For instance, the local VA office may determine that the veteran is 10% disabled, while the veteran believes that he/she is 40% disabled.

⁹ See *How Do I Appeal?*, *supra* note 5, at 1. For example, a veteran may appeal a denial of education benefits made by the local VA office.

Figure I. Appeal Process



Source: Adapted from charts at *How Do I Appeal?*, *supra* note 5, at 2 and *Understanding*, *supra* note 3, at 32.

Note: These filing time limits apply in most cases. However, they do not apply to "simultaneously contested claims," when more than one person is trying to receive benefits that only one person is entitled to, such as life insurance proceeds. See *Understanding* at 11.

Filing the *Original Claim* for Benefits at the VA

In order to apply for VA benefits, the veteran must file a claim at the local VA office or VA medical facility.¹⁰ A claim for benefits may also be filed online.¹¹ The claim must specifically state the requested benefit(s).¹² Assistance to the veteran during the application process may be provided by representatives from Veterans Service Organizations (VSOs)¹³ and/or by other persons or agents.¹⁴ The VSOs have staff located at most local VA offices.

In addition to assistance that may be provided by the VSOs or other agents, the VA is obligated by statute and regulation to provide certain assistance to the claimant during the original claim procedure and during any subsequent appeal(s). Such assistance may involve locating and producing records and providing medical examinations. Certain presumptions relating to medical conditions are also mandated by statute. These obligations and presumptions are summarized in **Appendix A** of this report.¹⁵

Following receipt of the veteran's claim for benefits, the local VA office will review the claim and make a decision about the claim(s).¹⁶ The local VA office will either allow or deny the claim.¹⁷ Where relevant, the local VA office may also rate (on a percentage basis) the veteran's degree of service-connected disability.¹⁸ The local VA office's determination will be mailed to the veteran.¹⁹ If the veteran is not satisfied with the local VA office decision, the veteran may appeal.

The Appeal: The First Steps

An appeal²⁰ is a request for a review of a local VA determination²¹ on a claim for benefits.²² Anyone who has filed a claim for benefits with the VA and has received a determination from a

¹⁰ The *local VA office* is defined by the VA as "any local office of the Department of Veterans Affairs where claims for VA benefits are received and determined." See discussion at note 3.

¹¹ See *How Do I Appeal?*, *supra* note 5, at 3. File the claim at https://vabenefits.vba.va.gov/vonapp/about_vonapp.asp. This is the Veterans ON-line APPLICATION (VONAPP) website. It should be noted that sometimes this website is not functional.

¹² Such benefits might relate to medical care, disability compensation, or educational benefits.

¹³ Such organizations are the American Legion, the Disabled American Veterans, and other veterans' groups.

¹⁴ See *How Do I Appeal?*, *supra* note 5, at 3.

¹⁵ See discussion at **Appendix A**.

¹⁶ See CRS Report RL33323, *Veterans Affairs: Benefits for Service-Connected Disabilities*, Douglas Reid Weimer, at 1-2.

¹⁷ *Id.*

¹⁸ *Id.* at 7-10.

¹⁹ See *How Do I Appeal?*, *supra* note 5, at 3.

²⁰ See 38 C.F.R. § 20.200. What Constitutes An Appeal. "An appeal consists of a timely filed Notice of Disagreement in writing and, after a Statement of the Case has been furnished, a timely filed Substantive Appeal."

²¹ See *Understanding*, *supra* note 3, at 6. Most local determinations are made by the local VA office. However, some determinations made by VA medical facilities, such as eligibility for medical treatment, may also be appealed.

²² 38 U.S.C. § 511(a) outlines the authority of the Secretary of the VA to make decisions regarding benefits for veterans.

local VA office is eligible to appeal a complete or a partial denial of a claim.²³ The veteran may also appeal the level of benefit granted.²⁴

Time Limit

The veteran seeking a review of the local VA office decision (called “the appellant”) has one year from the date on which the local VA office mails the appellant its initial determination of the claim to appeal. After one year, the local VA office determination is considered final and cannot be appealed unless there is proof of clear and unmistakable error on the part of the VA.²⁵

The Notice of Disagreement (NOD)²⁶

There is no special form needed to initiate the appeal process. The appellant need only submit a written statement disagreeing with the local VA office’s claim determination and stating the veteran’s wish to appeal the claim determination. This statement is called the Notice of Disagreement (NOD).²⁷

Appeal to the Local VA Office

The NOD is filed with the same local VA office that made the decision being appealed,²⁸ as this is the location of the appellant’s claims file or claims folder,²⁹ unless the appellant has moved. After the NOD is filed, the appellant may request that a Decision Review Officer (DRO) from the local VA office review the claims file. The DROs provide a second review of the entire file and may also hold a personal hearing on the claim.³⁰

The Statement of the Case

At this point, the local VA office will either allow or not allow the claim. If the claim is disallowed, the local VA office will prepare and send to the appellant a Statement of Case (SOC) and a blank VA Form 9 to be used for continuation of the appeal. The SOC summarizes the submitted evidence, the relevant laws, and regulations and provides the local VA office’s reasons for disallowing the claim.³¹

²³ Again, see *Understanding* at 6. Most local determinations are made by the local VA office. However, some determinations made by VA medical facilities, such as eligibility for medical treatment, may also be appealed.

²⁴ For example, a veteran may be determined to be 20% disabled, but the veteran may believe that he/she is 40% disabled and appeal.

²⁵ See *Understanding*, *supra* note 3, at 6-7.

²⁶ See 38 C.F.R. § 20.201.

²⁷ See *Understanding*, *supra* note 3, at 39.

²⁸ 38 C.F.R. § 20.300.

²⁹ For the purpose of this report, the appellant’s records will be referred to as “claims file.”

³⁰ See *How Do I Appeal?*, *supra* note 5, at 4.

³¹ See *Understanding*, *supra* note 3, at 8-9.

VA Form 9 and the Substantive Appeal³²

To continue an appeal, the appellant must fill out and return the VA Form 9—the Substantive Appeal—to the local VA office. Form 9 is available online.³³ The appellant must state the requested benefit, any mistakes in the SOC, and indicate whether a personal hearing is requested.³⁴ The Form 9 becomes part of the claims folder and is the basis for adding the appeal to the Board of Veterans Appeals docket. Specific provisions exist for withdrawing the appeal.³⁵

Supplemental Statement of Case³⁶

If the appellant submits new evidence or information, the local VA office will prepare a Supplemental Statement of Case (SSOC). The SSOC is similar to the SOC and includes the newly submitted information.³⁷ The appellant has 60 days from the date the SSOC was mailed to submit, in writing, any matter in dispute on the SSOC.

Time Limitation³⁸

The local VA office must receive the VA Form 9 within 60 days from the date that the VA mailed the SOC (or SSOC) or within one year of the date that the original decision denying the claim, whichever date is later.³⁹

Withdrawal of Issue(s)

If the appellant does not wish the Board of Veterans Appeals to examine an issue that is contained in the SOC or the SSOC, the appellant may state on Form 9 that the appellant is withdrawing the issue(s) on the appeal.⁴⁰

Issues Related to the Appeal Process

Filing Extensions⁴¹

An appellant may request an extension of the 60-day filing period for filing a Substantive Appeal or the 60-day period to respond to a Supplemental Statement of the Case.⁴² The appellant makes

³² 38 C.F.R. § 20.202.

³³ See <http://www.bva.va.gov>. Go to the website, then go to “Board of Veterans’ Appeals,” then go to “VA Forms”(in the lower right hand corner), then type in VA9.

³⁴ A personal hearing must be requested. Without such a request, the BVA will review the claims file and the VA Form 9 and make a decision without meeting or speaking with the appellant and his/her representative.

³⁵ 38 C.F.R. § 20.204.

³⁶ 38 C.F.R. § 20.302(b), (c).

³⁷ See *Understanding, supra* note 3, at 40-41.

³⁸ 38 C.F.R. § 20.302.

³⁹ *Id.* See *How Do I Appeal?*, *supra* note 5, at 6.

⁴⁰ See *Understanding, supra* note 3, at 10.

⁴¹ 38 C.F.R. § 20.303.

⁴² 38 U.S.C § 5105(d)(3); 38 C.F.R. § 20.303.

this request in writing to the local VA office handling the appeal. The appellant needs to explain to the VA local office why extra time is needed to file.

Representation for the Appeal⁴³

The appellant may represent him/herself at the appeal. However, the VA has reported that about 90 percent of appeals heard before the Board of Veterans Appeals (BVA) have some third-party representation.⁴⁴

There are three different categories of representatives that the appellant may engage. The first includes representatives of the VSO or from the state or local veterans' office. Usually, the representatives from the VSOs and the government veterans' offices do not charge for their services.⁴⁵ Second, the VA recognizes certain "agents" who are able to represent appellants and who are certified by the VA.⁴⁶ Third, the appellant may engage a lawyer for representation.⁴⁷

The appellant must complete a VA Form 21-22 to authorize representation by a VSO or a related entity on the appeal.⁴⁸ The appellant must complete a VA Form 21-22a to authorize representation by a recognized agent⁴⁹ or a lawyer for his/her appeal.⁵⁰ An appellant is limited to one representative recognized by the BVA.⁵¹

Attorney Representation

The Veterans Benefits, Health Care, and Information Technology Act of 2006,⁵² enacted in the 109th Congress, modified attorney participation in the appeal process. The act also requires the Secretary of the VA to provide additional qualifications and standards for agents and attorneys who represent veterans before the VA, including standards that deal with (1) training and character and (2) fee criteria and limitations. The Secretary is authorized to charge and collect fees from the agents or attorneys to be used for administrative expenses for veterans' benefits programs. The following grounds for suspension of agents or attorneys are provided in the act: presenting frivolous claims, prior suspensions, charging excessive or unreasonable fees, or failure to comply with the Secretary's regulations.

The legislation significantly broadened opportunities for legal representation during administrative appeals. Previously, an attorney could not represent a veteran for a fee until the BVA made a final decision.⁵³ This had the effect of excluding an attorney from the process until all of the administrative appeals had been exhausted. The act now permits an attorney to enter the

⁴³ See in general, 38 C.F.R. § 20.600.

⁴⁴ See *Understanding*, *supra* note 3, at 12.

⁴⁵ See *Understanding*, *supra* note 3, at 12.

⁴⁶ 38 U.S.C. § 5904; 38 C.F.R. § 20.604.

⁴⁷ 38 C.F.R. § 20.603.

⁴⁸ 38 C.F.R. § 20.602. See note 33.

⁴⁹ 38 C.F.R. § 20.604.

⁵⁰ 38 C.F.R. § 20.603. See note 33.

⁵¹ See *Understanding*, *supra* note 3, at 12.

⁵² P.L. 109-461, Title I.

⁵³ See **Figure 1**. Appeal Process at 3.

appeal process at a much earlier date—after the veteran has received a decision on his or her claim from the VA and decides to appeal this initial decision administratively through the filing of a NOD.⁵⁴ An attorney may now provide representation for a fee after the NOD is filed. The act requires the Secretary to provide Congress with an evaluation of the effect of the new system of representation not later than 42 months after the date of enactment. The Secretary is also authorized to review fee agreements, and the Secretary may order a reduction in an agreed upon fee if the Secretary finds the fee excessive or unreasonable. The Secretary's decision may be reviewed by the BVA, which is authorized to make the final review of the issue.⁵⁵

Information for the Appeal

Should new evidence or medical proof supporting the appellant's claim arise during the appeal process, the evidence should be submitted to the VA. If the appellant's claims file is at the local VA office and the new evidence is sent there, the VA local office will send the appellant an SSOC if it does not allow the claim after reviewing the new evidence. The new evidence will be added to the claims file and considered during the appeal process.⁵⁶

Location of the VA Form 9

After the Form 9 is filed, it becomes part of the claims file and serves as the basis for the appeal to the BVA. The Form 9, as part of the claims file, will be sent by the local VA office to the BVA and will be reviewed later by the BVA when the BVA considers the appeal and reviews the entire claims file.

The Board of Veterans' Appeals (BVA)

Organization⁵⁷

Known as the "Gateway to VA Appeals,"⁵⁸ the Board of Veterans' Appeals (BVA) is a part of the VA based in Washington, DC.⁵⁹ The BVA reviews benefit claims appeals and issues decisions on those appeals. The BVA is composed of "Members of the Board" who are attorneys experienced in veterans' law, appointed by the Secretary of Veterans Affairs and approved by the President of the United States. Staff attorneys, who are designated as Counsel or Associate Counsel, assist Members of the Board in preparing decisions.⁶⁰ The function that they provide is similar to a law clerk who assists a judge in his/her legal capacities.⁶¹

⁵⁴ *Id.*

⁵⁵ 38 U.S.C. § 7104.

⁵⁶ See *Understanding*, *supra* note 3, at 13-14.

⁵⁷ For a general overview of the BVA, see the website at <http://www.bva.va.gov>.

⁵⁸ *Id.*

⁵⁹ 38 U.S.C. § 7101(a); 38 U.S.C. § 7104.

⁶⁰ See *Understanding*, *supra* note 3, at 6.

⁶¹ *Id.*

The BVA's Docket

The BVA Docket and Docket Number

The local VA office will forward the appellant's claims file to the BVA's docket. The law requires that the BVA decide cases on a "first come, first served" basis.⁶² Each appellant's case is added to the docket when the VA receives the substantive appeal—VA Form 9—and the claims file from the local VA.⁶³

On occasion, the BVA may, on a motion by the appellant, advance the order of a claim on its docket.⁶⁴ The appellant must demonstrate compelling need, exceptional circumstances, or proof of hardship.⁶⁵ The BVA seldom grants a request for "advancement on the docket," as the BVA feels that most appeals involve some form of hardship and the BVA wishes to treat all appellants fairly.⁶⁶

Waiting Time

Once a case/claim has been entered on the BVA's docket, it is uncertain how long it may take for the BVA to reach a decision on the case. The VA has stated that it takes an average of two years from the time a NOD is filed until a final decision is issued.⁶⁷ However, the 2009 Report of the BVA Chairman appears to indicate that the decision/processing time has been substantially reduced.⁶⁸

Personal Hearings

There are two types of personal hearings: a *local VA office hearing*⁶⁹ and a *BVA hearing*.

As previously discussed,⁷⁰ a local office hearing is held at the local VA office between the appellant and a *hearing officer* from the local VA office staff. Such a hearing is arranged between the appellant and the local VA office. The local VA office may find in favor of the appellant. The appellant may subsequently appeal an adverse finding by the local office hearing through the BVA.

The appellant may present his/her case in person to a member of the BVA. There are three types of BVA hearings: a hearing by a Board member at a the local VA office (Regional Office), called

⁶² 38 U.S.C. § 7107(a); 38 C.F.R. § 20.900.

⁶³ See *Understanding, supra* note 3, at 15. Each case is assigned a docket number when it is added to the list of cases. The first two digits are the year in which the case was filed and the remaining digits indicate the order in which the case was added to that year's list/docket. For example, 10-00111, would indicate the 111th claim filed in 2010.

⁶⁴ 38 U.S.C. § 7107(a)(92); 38 C.F.R. § 20.900.

⁶⁵ For example, terminal illness, bankruptcy, pending eviction, and other hardships.

⁶⁶ See *Understanding, supra* note 3, at 16.

⁶⁷ *Id.*

⁶⁸ Report of the Chairman of the Board of Veterans' Appeals (Fiscal Year 2009), at 16.

⁶⁹ This is sometimes called a Regional Office hearing, an RO hearing, or a hearing officer hearing.

⁷⁰ See "Appeal to the Local VA Office" on page 6.

a Travel Board hearing;⁷¹ a hearing at the BVA office in Washington, DC; or a videoconference hearing at the local VA office, if it is equipped for videoconferencing. The VA does not pay the appellant's travel expenses.⁷²

Request for a BVA Hearing

The typical way to request a BVA hearing is for the appellant to indicate on VA Form 9 the type of hearing that the appellant wishes. The appellant may also write to the BVA to request a hearing, indicating whether a hearing is requested at the local level or in Washington, DC.

Scheduling the BVA Hearing

The schedule of the hearing depends upon the type of hearing requested. The BVA has reported that the Travel Board hearings are usually held as soon as they can be scheduled on the hearing officer's calendar,⁷³ but that they may be difficult to arrange because of the schedules of the BVA Board members and the accumulation of a sufficient number of appeals to warrant a scheduled visit from a BVA member.⁷⁴ Videoconferenced hearings are less complicated to arrange and can be scheduled more quickly than Travel Board hearings, according to the BVA.⁷⁵

Hearings that are held at the BVA offices in Washington, DC, are usually scheduled close to the time when the BVA will consider the case. The BVA has reported that hearings are scheduled about three months in advance.⁷⁶

The Ninety Day Rule

The local VA office will notify the appellant by letter when it transfers the claims file to the BVA in Washington, DC. The letter will inform the claimant that the claimant has ninety days from the date of the letter or until the BVA decides the case, whichever comes first, to add additional evidence to the file, request a hearing (if none was selected), and/or select or change representation.⁷⁷

In order for the BVA to accept any of these materials after the expiration of the ninety-day period, the appellant must submit a motion—a written request—asking the BVA to accept the item, even though it is late. The motion must include an explanation of why the item is late and demonstrate why the BVA should accept the item into the claims file.

⁷¹ See note 3.

⁷² See *Understanding*, *supra* note 3, at 18.

⁷³ *Id.* at 19.

⁷⁴ *Id.*

⁷⁵ *Id.*

⁷⁶ *Id.*

⁷⁷ 38 C.F.R. § 20.1304.

The Appeal at the BVA

The local VA office will forward the appellant's file to the BVA. The appellant will be notified in writing when the file is officially transferred and received by the BVA.⁷⁸ The decision time in the appeal process varies from case to case. After the file is received by the BVA, the appellant's case will then be assigned to a Board member for review. When the docket number for the appeal has been reached, the file will be examined by a Board member and a staff attorney. They will check the file for completeness, review all of the evidence and arguments, the transcript of the local VA hearing, the statement of the appellant's representative (if the appellant has a representative), and any additional information that may be with the claims file.⁷⁹ The Board member may request the staff attorney to undertake additional research on the case and prepare recommendations for the review of the Board member. If the appellant requested a BVA hearing, the Board member assigned to the case will conduct the hearing before reaching a decision.

Notification of the Board's Decision

The BVA will issue its decision in writing. The decision may contain legal documents and legal discussions as well as medical discussions. The decision will be mailed to the appellant's home address.⁸⁰

The decision will allow, deny, or remand the claim. If the claim is allowed or denied, the BVA's decision is final. A remand is not a final decision and allows further work on the claim.⁸¹

If the appeal is denied, the BVA will send a copy of the "Notice of Appellate Rights" that describes additional actions that the appellant may choose to pursue.

The Remand

At times, the BVA may review an appeal and determine that the case is not ready for a final decision. The BVA will send the case back to the local VA office with directions as to what should be done. The action of returning the case to the local VA office for additional work is called a remand. It is sometimes described as "additional development."⁸²

After the case has been returned to the local VA office, the office will perform the additional work on the file. The local VA office will review the case and issue a new determination. If the local VA office does not allow the claim, it will return the case to the BVA for a final decision. The case keeps its original place on the BVA's docket, so it is usually reviewed relatively soon after it is returned to the BVA.⁸³

⁷⁸ See *Understanding*, *supra* note 3, at 21. Appellants may check the status of their files after its transfer by BVA by telephone at 202-565-5436.

⁷⁹ *Id.* at 22.

⁸⁰ *Id.*

⁸¹ See *How Do I Appeal?*, *supra* note 5, at 11.

⁸² See *Understanding*, *supra* note 3, at 24.

⁸³ *Id.*

Certain cases are remanded because of new rulings by the U.S. Court of Appeals for Veterans Claims or changes in the law. The local VA office will then review them within the context of the new legislation or the court ruling.⁸⁴

Additional Appeal Options

Should the appellant wish to appeal the BVA's decision, the appellant may appeal to the United States Court of Appeals for Veterans Claims (CAVC), an independent court and not part of the VA.⁸⁵ An appellant may also wish to pursue further motions with the BVA.

Notice of Appeal

Usually, the appellant must file the Notice of Appeal with the CAVC within 120 days from the date the BVA's decision is mailed. (The mailing date is stamped on the front of the BVA's decision.)⁸⁶

If the appellant filed a motion to reconsider with the BVA within the 120-day time period and that motion was denied, the appellant has a new 120-day period to file the Notice of Appeal with the CAVC.⁸⁷ The new 120-day period begins on the date the BVA mails the appellant a letter notifying the appellant that it has denied the motion to reconsider.

Motion for Reconsideration

If the appellant is able to demonstrate that the BVA made an obvious error of fact or of law in its decision, the appellant may file a written "motion to reconsider" the appeal.⁸⁸ The appellant may have the VSO representative advise him/her whether to file the motion, and the VSO representative may also provide assistance in its preparation. The motion to reconsider is sent directly to the BVA and not to the local VA office.

The appellant must demonstrate that the BVA made a mistake in law or in fact and that the BVA's decision would have been different if the mistake had not been made.⁸⁹

Reopening the Case

If the appellant has "new and material" evidence relating to his/her claim, the appellant can request that the case be reopened.⁹⁰ In order to be considered "new and material," the evidence

⁸⁴ *Id.*

⁸⁵ See the CAVC's website: <http://www.vetapp.uscourts.gov/>.

⁸⁶ See discussion below of current litigation concerning this issue, and also congressional consideration of an extension of the 120-day appeal filing period.

⁸⁷ See *Understanding, supra* note 3, at 25-26 for the appropriate addresses to file the Notice of Appeal and a copy of the Notice of Appeal.

⁸⁸ 38 U.S.C. § 7103; 38 C.F.R. § 20.1000; 38 C.F.R. § 20.1001.

⁸⁹ See *Understanding, supra* note 3, at 27.

⁹⁰ 38 U.S.C. § 5108; 38 U.S.C. § 7104(b); 38 C.F.R. § 3.156; 38 C.F.R. § 20.1105.

submitted must include information related to the case that was not included in the claims folder when the Board reviewed and decided the case.

To reopen a case, the appellant must submit the new evidence directly to the local VA office and not to the BVA.⁹¹

CUE Motion

A BVA decision may be reversed or revised if the appellant is able to show that the decision contained “clear and unmistakable error” (CUE).⁹² The written request for the BVA to review its decision for CUE is called a motion. CUE motions are filed directly with the BVA and not with the local VA office.

The motion for CUE review must meet various requirements. In order to succeed, the conclusion must be reached that the BVA would have decided the case differently, but for the error. A difference in opinion is not sufficient.⁹³ If the motion is denied, the appellant cannot request another CUE review. The VA has reported that not many CUE motions are successful.

The appellant may file a motion to review a BVA decision for CUE at any time. However, if the motion for CUE is filed after filing a timely Notice of Appeal with the CAVC (120 days), the BVA will not be able to rule on the CUE motion.⁹⁴

Death of the Appellant Before a Decision Issued

The death of the appellant usually ends the appeal.⁹⁵ If the appellant dies, the BVA normally dismisses the appeal without issuing a decision. Any rights of a deceased appellant’s survivors are not affected by this action. The survivors may file a claim at the VA regional office (RO) for any benefits to which they may be entitled.⁹⁶

Subsequent Judicial Appeals

The *U.S. Court of Appeals for the Federal Circuit* (Federal Circuit) has exclusive jurisdiction to hear cases involving challenges to VA decisions in an appeal of a CAVC decision and in a direct challenge to VA regulation and VA policies of general applicability.⁹⁷ A decision of the CAVC may be appealed to the Federal Circuit by the persons who appealed to the CAVC or by the VA. An appeal to the Federal Circuit must be filed within 60 days of the final CAVC decision. After the Federal Circuit issues a final decision, either the claimant or the VA may petition the U.S.

⁹¹ See *Understanding*, *supra* note 3, at 27.

⁹² 38 U.S.C. § 7111; 38 C.F.R. § 20, subpart O.

⁹³ *Id.*

⁹⁴ See *Understanding*, *supra* note 3, at 28.

⁹⁵ 38 U.S.C. § 7104(a); 38 C.F.R. § 20.1302.

⁹⁶ See *Understanding*, *supra* note 3, at 29.

⁹⁷ 38 U.S.C. § 7292. See CRS Report RS22561, *Veterans Affairs: The U.S. Court of Appeals for Veterans Claims—Judicial Review of VA Decision Making*, by Douglas Reid Weimer.

Supreme Court for certiorari (to hear the case) within ninety days of the Federal Circuit's final action.⁹⁸ The Supreme Court is the court of last resort and the Supreme Court's decision is final.⁹⁹

The 120-Day Filing Deadline

Background and Possible Issues for Congress

An area of considerable interest has been the 120-day statute of limitations for the veteran to appeal an adverse decision of the BVA to the CAVC.¹⁰⁰ Interest has focused on the possibility of expanding the filing deadline, under certain circumstances—either administratively or legislatively. This requirement has been interpreted as being absolute, and generally not subject to extension.

Over the years, questions have arisen concerning the situation where a veteran's service-connected disability may prevent the veteran from meeting the 120-day filing deadline to the CAVC. For example, a veteran may be mentally disabled through post-traumatic stress. Should such cases be given special exception(s) or treatment?

Decisions of the RO, BVA, and Lower Courts

Such a case has arisen and has been appealed to the U.S. Supreme Court—*Henderson v. Shinseki*.¹⁰¹ In this case, the veteran, David Henderson, had served on active military duty from 1950 to 1952. He was discharged in 1952 after being diagnosed with paranoid schizophrenia; he established a service connection and received and currently has a 100% disability rating. In 2001, Henderson filed a claim for monthly compensation based on his need for in-home care with the VA Regional Office (RO). The RO denied the claim and Henderson appealed to the BVA. The BVA denied his claim. Henderson filed a notice of appeal with the CAVC 15 days after the expiration of the 120-day appeal period (38 U.S.C. § 7266(a)).

The CAVC ruling, in a 2-1 decision, denied Henderson's claim, and determined that Congress had "specifically authorized" it to conduct "independent judicial appellate review" of the Board, and that well-settled law established that its cases were "civil actions."¹⁰² Henderson's appeal was dismissed by the CAVC for lack of jurisdiction.¹⁰³

Henderson appealed the CAVC's ruling to the U.S. Court of Appeals for the Federal Circuit (appeals court), in a case captioned *Henderson v. Shinseki*.¹⁰⁴ Examining the factual and legal

⁹⁸ 38 U.S.C. § 7292(c).

⁹⁹ In recent testimony, the Chairman of the BVA outlined in detail the statistical figures of the various appeals from the BVA to the CAVC. *Examining the Appellate Processes and Their Impact on Veterans*: Hearing Before the H. Sub. On Disability Assistance and Memorial Affairs, 111th Cong., 1st Sess. 18-19 (2009) (statement of Hon. James P. Terry, Chairman, Board of Veterans' Appeals, U.S. Department of Veterans Appeals).

¹⁰⁰ See discussion on p. 12.

¹⁰¹ U.S. No. 09-1036 (Argued Dec. 6, 2010).

¹⁰² *Henderson*, 22 Vet. App. at 220.

¹⁰³ *Id.* at 220-21.

¹⁰⁴ 589 F.3d 1201 (Fed. Cir. 2009).

circumstances, the appeals court determined that the 120-period was a “time of review provision” in a civil case, rather than a statute of limitations. As such, the statute was not subject to equitable tolling; it was mandatory and jurisdictional. In its opinion, the appeals court held that if “Congress determined that the 120-day period for appealing to the Veterans Court from a decision of the Board should be subject to equitable tolling, it may amend § 7266(a) to compel a result different from the one we reach today.”¹⁰⁵ The appeals court upheld the CAVC’s finding of lack of jurisdiction, and dismissed Henderson’s appeal.

U.S. Supreme Court—*Henderson v. Shinseki*¹⁰⁶

Henderson appealed the decision of the appeals court to the U.S. Supreme Court (Court). Oral argument was held before the Court on December 6, 2010. The central issue was whether a veteran may still file an appeal to the CAVC after an unfavorable BVA decision, even if the veteran fails to file within the statutorily mandated 120-day filing period, due to circumstances which may make it impossible for the veteran to meet the deadline.

On March 1, 2011, the Court handed down its decision which held that the 120-day rule was not jurisdictional, and did not necessarily prevent consideration of appeals after its expiration, under certain circumstances.¹⁰⁷ In a narrow holding, the Court did not prescribe or provide specific criteria for those circumstances. However, the Court noted that veterans benefits legislation generally is interpreted as being “favorable to veterans.”

Administrative action may follow to implement the 120-day appeals deadline consistently with the holding in *Henderson*. As discussed below, in **Appendix C**, legislation is currently pending to provide guidance for flexible application of the 120-day rule, under certain circumstances.

¹⁰⁵ *Id.* at 1220.

¹⁰⁶ U.S. No. 09-1036 (Argued Dec. 6, 2010).

¹⁰⁷ *Id.* 562 U.S. ____ (2011).

Appendix A. Duties and Obligations of the VA to the Claimant/Appellant

Duties and Obligations of the VA to the Claimant/Appellant¹⁰⁸

The VA¹⁰⁹ has various legal obligations to a claimant/appellant relating to the completeness of the application for benefits (or a subsequent appeal), the provision of medical and service records, and other issues related to the application/appeals process.

Application and Notice of Incomplete Application

The VA is required to provide to any person claiming or applying for any benefit, the “instructions and forms necessary to apply for that benefit.”¹¹⁰ These materials are to be provided “free of all expense” to the claimant.¹¹¹

If the claimant’s application for a VA benefit is incomplete, the VA is required to notify the claimant of the information that is necessary to complete the application.¹¹²

Required Information and Evidence; and Time Limitation¹¹³

After the VA receives a complete or a nearly complete application for benefits, the VA is required to notify the claimant of any information or medical or lay evidence that is needed to substantiate the claim.¹¹⁴ As part of this notification requirement, the VA is required to indicate which information and evidence is to be provided by the claimant and which information the VA will attempt to obtain on the claimant’s behalf to substantiate and complete the claim.

The claimant is required to submit the above-mentioned evidence to substantiate the claim *within one year of the date of the VA’s notification*. If no further evidence is obtained, no benefits will be paid or furnished on this claim.¹¹⁵

¹⁰⁸ See CRS Report RL33323, *Veterans Affairs: Benefits for Service-Connected Disabilities*, by Douglas Reid Weimer.

¹⁰⁹ The statutory language provides that “the Secretary” is required to provide various assistance to the claimant. For the purposes of this summary and for consistency, the term “VA” is used instead.

¹¹⁰ 38 U.S.C. § 5102(a); 38 C.F.R. § 3.150(a).

¹¹¹ 38 U.S.C. § 5102(a).

¹¹² 38 U.S.C. § 5102(b); 38 C.F.R. § 3.159(b)(2).

¹¹³ These provisions are not applicable for any application or claim for government insurance benefits. 38 U.S.C. § 5103(b)(2).

¹¹⁴ 38 U.S.C. § 5103(a); 38 C.F.R. § 3.159(b).

¹¹⁵ 38 U.S.C. § 5103(a); 38 C.F.R. § 3.159(b)(1).

Duty to Assist Claimants: Records

The VA is required to make “reasonable efforts” to assist a claimant in obtaining evidence necessary to substantiate the claim for benefits.¹¹⁶ However, certain exceptions exist to this requirement. The VA is not required to provide assistance to the claimant if “no reasonable possibility” exists that such assistance would aid in substantiating the claim.¹¹⁷ The VA may defer providing assistance pending the claimant’s submission of essential information that is missing from the claimant’s application.¹¹⁸

Assistance in Obtaining Records

The VA is required to make “reasonable efforts” to obtain relevant records (including private records) that the claimant adequately identifies to the VA and authorizes the VA to obtain.¹¹⁹ Federal regulations outline the procedures for obtaining records not in the custody of a federal department or agency¹²⁰ and for obtaining records that are in the custody of a federal department or agency.¹²¹ If, after making reasonable efforts, the VA is unable to locate the records, the VA will notify the claimant that it is unable to obtain the records pursuant to this claim.¹²² The notification must identify the records being sought, explain the efforts made to obtain the records, and describe any further action to be taken by the VA regarding this claim.¹²³ The VA’s efforts to obtain records from the federal department or agency must continue until the records are obtained, unless it is reasonably certain that such records do not exist or that further efforts to obtain the records would be futile.¹²⁴

Records for Compensation Claims

If the case involves a claim for disability compensation, additional assistance in obtaining records is required to be provided.¹²⁵ Assistance is to be provided in locating the claimant’s service medical records and other relevant records relating to the claimant’s active military, naval, or air service that are held or maintained by a governmental entity;¹²⁶ records of relevant medical treatment or examination at VA health-care facilities;¹²⁷ and any other relevant records held by any federal department or agency that the claimant identifies and authorizes the VA to obtain.¹²⁸

¹¹⁶ 38 U.S.C. § 5103A(a)(1); 38 C.F.R. § 3.159(c)(1).

¹¹⁷ 38 U.S.C. § 5103A(a)(2); 38 C.F.R. § 3.160(d).

¹¹⁸ 38 U.S.C. § 5103A(a)(3).

¹¹⁹ 38 U.S.C. § 5103A(b)(1); 38 C.F.R. § 3.160(c).

¹²⁰ 38 C.F.R. § 3.159A(c)(1).

¹²¹ 38 C.F.R. § 3.159A(c)(2).

¹²² 38 U.S.C. § 5103A(b)(2); 38 C.F.R. § 3.160(e).

¹²³ *Id.*

¹²⁴ 38 U.S.C. § 5103A(b)(3).

¹²⁵ 38 U.S.C. § 5103A(c); 38 C.F.R. § 3.159(c)(3).

¹²⁶ 38 U.S.C. § 5103A(c)(1).

¹²⁷ 38 U.S.C. § 5103A(c)(2).

¹²⁸ 38 U.S.C. § 5103A(c)(3).

Medical Examinations for Compensation Claims

If the case involves a claim for disability compensation, the VA is required to provide a medical examination or obtain a medical opinion when such an examination or opinion is necessary to make a decision on the claim.¹²⁹ The VA is required to treat an examination or opinion as necessary if the evidence on the record, taking into consideration all information and lay or medical evidence 1) contains competent evidence that the claimant has a current disability or persistent or recurrent symptoms of disability¹³⁰ or 2) indicates that the disability or symptoms may be associated with the claimant's active military, naval, or air service;¹³¹ but the record does not contain sufficient medical evidence for the VA to make a decision on the claim.¹³²

Other Assistance not Precluded

The statute is not to be construed as precluding the VA from providing such other assistance to a claimant in substantiating a claim as the VA considers appropriate.¹³³

Decisions and Notices of Decisions

When the VA makes a decision affecting the provision of benefits to a claimant, the VA is required, on a timely basis, to provide the claimant (and the claimant's representative) notice of the decision.¹³⁴ The notice must include an explanation of the procedure for obtaining a review of the decision.¹³⁵ If the VA denies a benefit, the notice is required to include a statement of the reason for the decision and a summary of the evidence considered by the VA.¹³⁶

VA's Obligation to Assist in the Development of Claims

Federal regulations require the VA to assist the claimant "in developing the facts pertinent to the claim" and to render a decision that grants every benefit that can be supported in law while protecting the interests of the government.¹³⁷ Therefore, the VA has the duty to consider all legal theories upon which the claim could be granted, regardless of whether the claimant argues or focuses on every possible legal theory.

¹²⁹ 38 U.S.C. § 5103A(c)(4); 38 C.F.R. § 3.159(c)(4).

¹³⁰ 38 U.S.C. § 5103A(d)(2)(A).

¹³¹ 38 U.S.C. § 5103A(d)(2)(B).

¹³² 38 U.S.C. § 5103A(d)(2)(C).

¹³³ 38 U.S.C. § 5103A(g).

¹³⁴ 38 U.S.C. § 5104(a); 38 C.F.R. § 3.103(b).

¹³⁵ *Id.*

¹³⁶ 38 U.S.C. § 5104(b).

¹³⁷ 38 C.F.R. § 3.103(a).

Disallowed Claims

The statute specifically provides that the VA is not required to reopen a claim that has been disallowed except when new and material evidence is presented or secured.¹³⁸

Reopening Disallowed Claims

If any new or material evidence is presented or secured relating to a claim that has been disallowed, the VA is required to reopen the claim and review the former disposition of the claim.¹³⁹

Revision of Decisions on Grounds of Clear and Unmistakable Error

A VA decision is subject to revision on the grounds of clear and unmistakable error, as previously discussed.¹⁴⁰ A review to determine whether a clear and unmistakable error exists in a case may be initiated by the VA or upon the request of the claimant.¹⁴¹ A request for a revision of a VA decision based on clear and unmistakable error may be made at any time after the decision is made.¹⁴² Such a request for a revision shall be submitted to the VA and shall be decided in the same manner as any other claim.¹⁴³ If there is evidence to establish the error, the prior decision is reversed or revised.¹⁴⁴ For the purposes of authorizing benefits, a rating or other adjudicative decision that constitutes a reversal or revision of a prior decision on the grounds of clear and unmistakable error, is treated as if the decision had been made on the date of the prior decision.¹⁴⁵

Benefit of the Doubt Standard

The VA is required to consider all information and the legal and medical evidence of record in a case before it with respect to benefits under the laws administered by the VA.¹⁴⁶ When there is an approximate balance of positive and negative evidence regarding any issue material to the determination, the VA “shall give the benefit of the doubt to the claimant.”¹⁴⁷ Regulations provide that when reasonable doubt arises, such doubt will be resolved in favor of the claimant.¹⁴⁸ For instance, the submitted medical evidence generally needs to show that it is as likely as not that there is a connection between the in-service injury, occurrence, or illness and the current disability. Thus, the VA can deny the claim only if the preponderance of the evidence is against the claim.

¹³⁸ 38 U.S.C. § 5103A(f).

¹³⁹ 38 U.S.C. § 5108.

¹⁴⁰ 38 U.S.C. § 5109A(a). See discussion at 12.

¹⁴¹ 38 U.S.C. § 5109A(c).

¹⁴² 38 U.S.C. § 5109A(d).

¹⁴³ 38 U.S.C. § 5109A(e).

¹⁴⁴ 38 U.S.C. § 5109(A)(a). See discussion at 12.

¹⁴⁵ 39 U.S.C. § 5109(A)(b).

¹⁴⁶ 38 U.S.C. § 5107(b).

¹⁴⁷ *Id.* See 38 C.F.R. § 3.102.

¹⁴⁸ 38 C.F.R. § 3.102.

Certain Presumptions

In its analysis of certain claims, the VA is required by statute and/or regulation to make certain presumptions.

Presumption of Medical Soundness

In evaluating a veteran's claim, the VA generally presumes that the veteran entered the service in sound medical condition.¹⁴⁹ This may assist the veteran in proving a claim by making it difficult for the VA to claim that the condition or disease existed prior to service. However, if the medical impairment was noted at the time of entry into service, the veteran may have to prove that the condition was exacerbated in-service. If the VA is able to prove by "clear and unmistakable evidence" that the disease or injury was in existence prior to service and that it was not worsened during service, the veteran's claim will be denied.

Special Rules for Certain In-Service Occurrences

Special rules exist under which the VA is required to consider a service-connected problem by presumption. For example, certain diseases associated with exposure to Agent Orange will be presumed to be service-related in the case of Vietnam veterans.¹⁵⁰

A similar regulation holds that veterans who were held prisoners of war, or who served in combat, can be presumed to have suffered traumatic, stressful events during their military service.¹⁵¹ Similarly, combat veterans have special rules applicable to them in proving an in-service injury or other incident.¹⁵² Usually, if a combat veteran states that he/she suffered a disease, injury, or other event during the combat, the VA will usually accept that statement as fact. This is typically the case even if there are no service records to substantiate the claim.

¹⁴⁹ 38 U.S.C. § 1111.

¹⁵⁰ 38 C.F.R. § 3.307(a)(6)(iii).

¹⁵¹ 38 C.F.R. § 3.304(f).

¹⁵² 38 U.S.C. § 1154(b); 38 C.F.R. § 3.304(d),(f).

Appendix B. Legislation Considered in the 111th Congress

The 111th Congress considered a number of bills which, if enacted, would have impacted the appeals process. It is likely that since none of the measures was enacted into law, similar legislative proposals may be introduced in the 112th Congress. Therefore, the following discussion provides a brief summary of the measures introduced in the 111th Congress. Broadly, the bills can be grouped into two categories: streamlining the appeals process and extension of the 120-day appeals filing period to the CAVC.

Streamlining the Appeals Process

The proposed Veterans Appeals Improvement and Modernization Act of 2009 provided that if a veteran claimant submitted evidence in support of a case for which a substantive appeal had been filed to the BVA, such evidence could be submitted directly to the BVA and not to a regional office of the VA, unless the claimant requested that the evidence first be reviewed by the regional office.¹⁵³

Another legislative scheme, the proposed Veterans' Disability Claims Efficiency Act of 2010, would have allowed the Secretary of the VA, in the case of a disability claim with multiple conditions, to assign an interim disability rating for the condition(s) that could be assigned without further evidentiary development and to continue development of the remaining condition(s). The bill would have required an interim disability rating to remain in effect unless the Secretary later assigned an increased rating for such condition. It would have prohibited the continuation of such a rating if the rating was based on fraud or the condition improved.¹⁵⁴

The Senate considered the Claims Processing Improvement Act of 2010.¹⁵⁵ If enacted, the measure would have provided that the Secretary of the VA, in the case of the veteran's disability claim with multiple conditions, could assign a disability rating for the condition(s) that could be assigned without further evidentiary development, and to continue development of the remaining condition(s). The bill would have required the Secretary to continue development of any condition for which a rating has been assigned and to reassess such rating, if the Secretary determines that further development could result in the assignment of a higher rating. The measure contained other provisions to accelerate and to streamline the appeal process.

Extension of the 120-Day Limit to File an Appeal to the CAVC

The House considered several measures to expand the 120-day filing limit for appeals to the CAVC, under certain circumstances. If enacted, the Fair Access to Veterans Benefits Act of 2010 would have extended the 120-day appeal time upon a showing of good cause for such an extension.¹⁵⁶ A similar measure, the Fair Access to Veterans Benefits Act of 2010, would have

¹⁵³ H.R. 4121, 111th Cong., 1st Sess. (2009).

¹⁵⁴ H.R. 5928, 111th Cong., 2d Sess. (2010).

¹⁵⁵ S. 3517, 111th Cong., 2d Sess. (2010).

¹⁵⁶ H.R. 5045, 111th Cong., 2d Sess. (2010).

allowed an extension in cases of good cause.¹⁵⁷ The bill specified that good cause could be considered the inability of a person to file within the 120-day period due to a service-connected disability.

A provision of the proposed Veterans Benefits and Economic Welfare Improvement Act of 2010 would have extended the appeal time limit, upon a show of good cause. The bill would have allowed appeals retroactively to BVA decisions issued on or after July 24, 2008.¹⁵⁸

The Senate also considered legislative measures to extend the filing limit. The proposed Fair Access to Veterans Benefits Act of 2010 would have permitted an extension of the filing deadline upon the showing of good cause.¹⁵⁹ The bill also contained a retroactive provision applicable to BVA decisions issued on or after July 24, 2008.

Another bill considered by the Senate—S. 3348—considered the situation where appeal documents have been misfiled with the BVA (rather than the CAVC), within 120 days of such decisions, and how such misfiled documents should be treated.¹⁶⁰

¹⁵⁷ H.R. 5064, 111th Cong., 2d Sess. (2010).

¹⁵⁸ H.R. 6132, 111th Cong., 2d Sess. (2010).

¹⁵⁹ S. 3192, 111th Cong., 2d Sess. (2010).

¹⁶⁰ S. 3348, 111th Cong., 2d Sess. (2010).

Appendix C. Legislation Being Considered in the 112th Congress

On February 18, 2011, Representative Bob Filner introduced H.R. 810, the Fair Access to Veterans Benefits Act of 2011.¹⁶¹ The bill mirrors provisions of bills introduced in the 111th Congress. If enacted, the bill would extend the 120-day limit for the filing of an appeal to the CAVC after a final decision of the BVA, upon a showing of “good cause” for such time as justice may require. For the purposes of this legislation, “good cause” is considered the inability of a person to file within the 120-day period due to a service-connected disability.

To date, bills have not been introduced to streamline the appeals process in the 112th Congress. However, it is anticipated that such legislation may be reintroduced.

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¹⁶¹ H.R. 810, 112th Cong., 1st Sess. (2011).