|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency/Admin** | **RIN/OMB Control No.** | **Title of Initiative/ Rule/lCR** | **Brief Description** | **Actual or Target Completion Date** | **Anticipated savings in costs and/or information collection burdens, together with any anticipated changes in benefits (please quantify, to the extent feasible, and also specify baseline, time horizon, and affected groups)** | **Progress updates and anticipated accomplish-ments** | **Notes** |
| **Office of the General Counsel****Space intentionally left blank** | 2900-AO13, proposed rule**Space intentionally left blank** | VA Compensation and Pension Regulation Rewrite Project**Space intentionally left blank**  | VA has reorganized and rewritten its compensation and pension regulations in a logical, user-friendly format. The intent of the Rewrite Project is to assist veterans, their representatives, and VA staff in locating and understanding these regulations. The new regulations will be placed in 38 CFR, and become effective for claims filed after a certain date, TBD.. **Space intentionally left blank** | TBD. VA already has published 20 proposed rules and revised the rules based on public comments. Last year, we published a 21st consolidated proposed rule to allow the public to comment on the entire body of these proposed rules. VA's leadership is considering the best way to integrate the Regulation Rewrite Project with VA's current priority effort to reduce and eliminate the claims backlog. Publication and implementation of a final rule will be delayed until that effort is complete. In the interim, additional proposed rules may be published to keep the project up to date. | No anticipated cost savings. The new regulations will not alter the benefits VA provides nor alter claims procedures. By reorganizing and redrafting these regulations they will become much easier to find, read, understand, and apply. The new reorganization and redrafting should reduce the amount of time it takes to adjudicate VA claims and should improve accuracy. **Space intentionally left blank** | Proposed rule AO13 was published in the Federal Register on November 27, 2013. 78 FR 71042. Due to the size of the proposed rule, VA provided 120 days for public comment which closed on 3/27/14. VA is drafting a final rule based on the 24 comments received. Publication and implementation of the final rule will be delayed until VA has eliminated the claims backlog. In the interim, additional proposed rules may be published to keep the project up to date. | **Space intentionally left blank** |
| **Compen-sation Service** | 2900-AO19, proposed rule**Space intentionally left blank** | Schedule for Rating Disabilities—Hematologic and Lymphatic**Space intentionally left blank** | AO19 (The Hematologic and Lymphatic Systems) proposes to amend the portion of the VA Schedule for Rating Disabilities that addresses the hematologic and lymphatic systems. The intended effect of this change is to incorporate medical advances that have occurred since the last revision of these regulations, update medical terminology, add medical conditions not currently in the Rating Schedule, and refine criteria for further clarity and ease of rater application.  | Publish the proposed rule NLT Dec 2014.**Space intentionally left blank** | No anticipated cost savings. Updated rating schedules will benefit veterans by applying the latest medical information for disability adjudications. | AO19 currently is being coordinated with VA’s Office of the General Counsel.  | A VASRD Status Summit: Public Overview of Proposed Disability Evaluation Criteria for 9 body systems was held in Arlington, VA, June 4-13, 2012. |
| **Compen-sation Service** | 2900-AO44, proposed rule**Space intentionally left blank** | Schedule for Rating Disabilities—Endocrine**Space intentionally left blank** | AO44 (The Endocrine System) proposes to revise the portion of the VA Schedule for Rating Disabilities that addresses the endocrine system. The intended effect of this change is to update medical terminology, add medical conditions not currently in the Rating Schedule, revise the criteria to reflect medical advances since the last revision of these regulations, and clarify the criteria. | Publish the proposed rule NLT Dec 2014.**Space intentionally left blank** | No anticipated cost savings. Updated rating schedules will benefit veterans by applying the latest medical information for disability adjudications.**Space intentionally left blank** | AO44 currently is being coordinated with VA’s Office of the General Counsel. **Space intentionally left blank** | Discussed at the June 2012 public VASRD status summit.**Space intentionally left blank** |
| **Compen-sation Service** | **Space intentionally left blank** | Schedule for Rating Disabilities—Mental Disorders | **Space intentionally left blank** | Draft a proposed rule, TBD.**Space intentionally left blank** | No anticipated cost savings. Updated rating schedules will benefit veterans by applying the latest medical information for disability adjudications. |  | Discussed at the June 2012 public VASRD status summit. |
| **Compen-sation Service** | **Space intentionally left blank** | Schedule for Rating Disabilities—Musculoskeletal, Rheumatologic, and Immune Disorders | **Space intentionally left blank** | Draft a proposed rule, TBD.**Space intentionally left blank** | No anticipated cost savings. Updated rating schedules will benefit veterans by applying the latest medical information for disability adjudications. | **Space intentionally left blank** | Discussed at the June 2012 public VASRD status summit. |
| **Compen-sation Service** | 2900-AP08, proposed rule**Space intentionally left blank** | Schedule for Rating Disabilities—Dental and Oral Conditions**Space intentionally left blank** | AP08 (Dental and Oral Conditions) proposes to amend the portion of the VA Schedule for Rating Disabilities that addresses the dental and oral conditions. The intended effect of this change is to update medical terminology, and provide clear evaluation criteria for application of this portion of the rating schedule. | Publish the proposed rule NLT June 2015.**Space intentionally left blank** | No anticipated cost savings. Updated rating schedules will benefit veterans by applying the latest medical information for disability adjudications.**Space intentionally left blank** | AP08 currently is being coordinated with VA’s Office of the General Counsel. **Space intentionally left blank** | Discussed at the June 2012 public VASRD status summit. |
| **Compen-sation Service** | **Space intentionally left blank** | Schedule for Rating Disabilities—Genitourinary | **Space intentionally left blank** | Draft a proposed rule, TBD. | No anticipated cost savings. Updated rating schedules will benefit veterans by applying the latest medical information for disability adjudications. | **Space intentionally left blank** | Discussed at the June 2012 public VASRD status summit. |
| **Compen-sation Service** | **Space intentionally left blank** | Schedule for Rating Disabilities—Infectious Diseases | **Space intentionally left blank** | Draft a proposed rule, TBD.**Space intentionally left blank** | No anticipated cost savings. Updated rating schedules will benefit veterans by applying the latest medical information for disability adjudications. | **Space intentionally left blank** | Discussed at the June 2012 public VASRD status summit. |
| **Compen-sation Service** | **Space intentionally left blank** | Schedule for Rating Disabilities—Digestive System and Nutritional Deficiencies | **Space intentionally left blank** | Draft a proposed rule, TBD.**Space intentionally left blank** | No anticipated cost savings. Updated rating schedules will benefit veterans by applying the latest medical information for disability adjudications. | **Space intentionally left blank** | Discussed at the June 2012 public VASRD status summit. |
| **Compen-sation Service** |  | Schedule for Rating Disabilities—Cardiovascular **Space intentionally left blank** | **Space intentionally left blank** | Draft a proposed rule, TBD. | No anticipated cost savings. Updated rating schedules will benefit veterans by applying the latest medical information for disability adjudications. | **Space intentionally left blank** |  |
| **Compen-sation Service** | **Space intentionally left blank** | Schedule for Rating Disabilities—Respiratory | **Space intentionally left blank** | Draft a proposed rule, TBD.**Space intentionally left blank** | No anticipated cost savings. Updated rating schedules will benefit veterans by applying the latest medical information for disability adjudications. | **Space intentionally left blank** | **Space intentionally left blank** |
| **Compen-sation Service** | **Space intentionally left blank** | Schedule for Rating Disabilities—Impairment of Auditory Acuity and Diseases of the Ear, Nose, and Throat | **Space intentionally left blank** | Draft a proposed rule, TBD.**Space intentionally left blank** | No anticipated cost savings. Updated rating schedules will benefit veterans by applying the latest medical information for disability adjudications. | **Space intentionally left blank** | **Space intentionally left blank** |
| **Compen-sation Service** | **Space intentionally left blank** | Schedule for Rating Disabilities—Neurological Conditions, Convulsive Disorders, and Other sense Organs (Smell & Taste) | **Space intentionally left blank** | Draft a proposed rule, TBD.**Space intentionally left blank** | No anticipated cost savings. Updated rating schedules will benefit veterans by applying the latest medical information for disability adjudications. | **Space intentionally left blank** | **Space intentionally left blank** |
| **Compen-sation Service** | 2900-AP13, proposed rule**Space intentionally left blank** | Schedule for Rating Disabilities—Gynecological Conditions and Disorders of the Breast**Space intentionally left blank** | AP13 (Gynecological Conditions and Disorders of the Breast) proposes to amend the portion of the VA Schedule for Rating Disabilities that addresses the gynecological conditions and disorders of the breast. The intended effect of this change is to update medical terminology, and provide clear evaluation criteria for application of this portion of the rating schedule. | Publish the proposed rule NLT June 2015.**Space intentionally left blank** | No anticipated cost savings. Updated rating schedules will benefit veterans by applying the latest medical information for disability adjudications.**Space intentionally left blank** | AP13 currently is being coordinated with VHA. **Space intentionally left blank** | Discussed at the January 2012 public VASRD status summit.**Space intentionally left blank** |
| **Compen-sation Service** | **Space intentionally left blank** | Schedule for Rating Disabilities—Skin | **Space intentionally left blank** | Draft a proposed rule, TBD.**Space intentionally left blank** | No anticipated cost savings. Updated rating schedules will benefit veterans by applying the latest medical information for disability adjudications. | **Space intentionally left blank** | **Space intentionally left blank** |
| **Compen-sation Service** | 2900-AP14, proposed rule**Space intentionally left blank** | Schedule for Rating Disabilities—The Organs of Special Sense and Schedule of Ratings – Eye**Space intentionally left blank** | AP13 (The Organs of Special Sense - Eye) proposes to amend the portion of the VA Schedule for Rating Disabilities that addresses the organs of special sense - Eye. The intended effect of this change is to update medical terminology, and provide clear evaluation criteria for application of this portion of the rating schedule. | Publish the proposed rule NLT June 2015. Draft a proposed rule, TBD.**Space intentionally left blank** | No anticipated cost savings. Updated rating schedules will benefit veterans by applying the latest medical information for disability adjudications.**Space intentionally left blank** | AP14 currently is being coordinated with VHA. **Space intentionally left blank** | Discussed at the January 2012 public VASRD status summit.**Space intentionally left blank** |

Burden Reduction Initiatives:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sub-Agency** | **Title** | **Description of the initiative** | **Hours of paperwork/ reporting eliminated** | **Estimated effective date of the change** | **Notes** |
| Veterans Benefits Administration**Space intentionally left blank** | E-Benefits Portal**Space intentionally left blank** | 2900-0737 - eBenefits is a joint VA and Department of Defense (DoD) web portal that provides resources and self-service capabilities to Veterans, Servicemembers, and their families, to research, access, and manage their VA and military benefits and personal information.  eBenefits uses secure credentials to allow access to personal information and gives users the ability to perform numerous self-service functions.  In April 2012, DoD, with support from VA, changed the registration method resulting in a simpler and faster registration process.  The enhanced registration process continues to use an optional form, but it is not required to complete the registration. The reduction in burden hours for the optional form is estimated to be 2 minutes (a decrease from 5 minutes).  The projected growth of new eBenefits users is about 75,000 per month. As a result, it is assumed hours of paperwork will be eliminated based on the monthly projected new user base. .  Registration information belongs to DoD and is not collected by eBenefits.  Once an authenticated user accesses their personal profile screen, numerous fields are pre-populated, e.g. name, thus the user has fewer fields to complete.  | 300,000**Space intentionally left blank** | 7/2014**Space intentionally left blank** | **Space intentionally left blank** |
| Veterans Health Administration**Space intentionally left blank** | Application and Renewal for Health Benefits**Space intentionally left blank** | 2900-0091 Collects Veteran information to enroll for health care benefits. It establishes basic eligibility, identifies 3rd party health insurance coverage, identifies prescription copayment, provides for income verification, and serves as a mechanism to make changes upon admission or yearly financial updates. VHA plans to consolidate the 10-10EZ and 10-10EZR online applications by electronically presenting questions to Veterans based on responses they provide and data needed by VA to effect a determination for benefits or renewal for VA health care. VA eliminated the financial reporting requirements for the 10-10EZR in 2013. It is now optional. VA has discontinued use of the VA Form 10-10EZ to collect updated veteran information. This further eliminates the collection of needless and duplicative information from veterans. The 10-10 EZ had a reduction of 15 minutes, due to reduction of questions and current information from the Enrollee survey.  | 658,990**Space intentionally left blank** | 7/2013**Space intentionally left blank** | *$6,988,950 - Cost Savings to the Government.***Space intentionally left blank** |
| Veterans Benefits Administration**Space intentionally left blank** | Disability Benefits Questionnaires (Groups 1 and 2)**Space intentionally left blank** | 2900-0776 and 2900-0779-DBQs use standardized questions specifically designed to address the questions needed by VA to adjudicate a veteran’s disability claim. Additionally, DBQs enable a Veteran to have a treating physician complete the DBQ and, thereby, aid in VA’s disability examination process. VA, VA-contracted, and private providers will all use the same identical standardized questionnaire in the future, resulting in consistent products regardless of who completes the form. VA is currently building and will soon field an online, interview-based tool that will allow both VA and private providers to complete and submit DBQs online. This interview-based tool will assist in the completion of a DBQ thereby making it easier and faster to complete. Additionally, the tool will collect data and automatically upload it into VA adjudication system which will create an aggregate timeliness and quality advantage for claims processing and thus help alleviate claims backlog. At this time, there will be no changes to the forms but VA does plan to have future improvements to the content of the forms. The estimated timeframe for implementation of this planned improvement is in late CY2014. | 180,750**Space intentionally left blank** | 12/2014**Space intentionally left blank** |  *$21,156,787.50 - Cost Savings to the Government.***Space intentionally left blank** |