

July 9, 2025

The Honorable Bill Cassidy Chair Senate Committee on Health, Education, Labor and Pensions Washington, DC 20510

The Honorable Bernie Sanders Ranking Member Senate Committee on Health, Education, Labor and Pensions Washington, DC 20510 The Honorable Brett Guthrie Chair House Committee on Energy and Commerce Washington, DC 20515

The Honorable Frank Pallone Ranking Member House Committee on Energy and Commerce Washington, DC 20515

Dear Chair Cassidy, Ranking Member Sanders, Chair Guthrie, Ranking Member Pallone:

The undersigned <u>104 health organizations</u> write to urge you to protect the integrity of the United States Preventive Services Task Force (USPSTF), supported by the Agency for Healthcare Research and Quality (AHRQ). Since 1984, the USPSTF has employed rigorous methodologies and significant public input to formulate recommendations based on research, data, and evidence.

The USPSTF is a scientifically independent, volunteer panel of national experts in prevention and evidence-based medicine that has issued nearly 300 evidence-based recommendations across 90 different topics to support preventive care and help people live healthier, longer lives. The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications. The current panel of 16 members features experts in clinical medicine, scientific research, and public health, and members are appointed by HHS secretaries to serve 4-year terms. All members are extensively vetted for conflicts of interest, and their service is completely voluntary and uncompensated.

The Task Force makes recommendations for primary care and disease prevention through a rigorous, multi-step process in collaboration with the public, evidence-based practice centers (EPCs), and experts in primary care and clinical research. An A or B recommendation reflects a substantial or moderate net benefit, suggesting that the recommended service should be offered to all eligible patients. For example, the USPSTF recommends folic acid during and leading up to pregnancy to prevent neural tube defects in infants.

Federal policymakers rely on the USPSTF recommendations, including Centers for Medicare & Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA). Notably, insurers must provide cost-free coverage for preventive services that have been recommended by the USPSTF, such as lung and colorectal cancer screenings, behavioral counseling, prevention of maternal depression, childhood vision screenings, adult diabetes screenings, and many more. Equally important,



clinicians across the country rely on USPSTF recommendations to ensure they are providing the most up-to-date, evidence-based care to their patients, no matter where they live.

The USPSTF practices radical transparency, with all published USPSTF recommendations being available on their <u>website</u>, including the type of preventative service, the year it was published, the applicable population, and the grade(s). For each recommendation, the public can view the entire recommendation statement, including the accompanying evidence review, specific considerations for clinical practice, and connections to prior related USPSTF guidance.

In the wake of the ruling in *Kennedy v. Braidwood*, which verified the constitutionality of the USPSTF and reemphasized the authority that has always existed for the Secretary of HHS to appoint and remove Task Force members at will, it is critical that Congress protects the integrity of the USPSTF from intentional or unintentional political interference. The loss of trustworthiness in the rigorous and nonpartisan work of the Task Force would devastate patients, hospital systems, and payers as misinformation creates barriers to accessing lifesaving and cost effective care.

To maintain the USPSTF's objectivity, effectiveness, and public trust, the following structures of the Task Force must remain intact:

- Limited 4-year terms for members to ensure that the panel evolves alongside scientific developments.
- Staggered membership rotation (about one-quarter of members rotate off each year) to provide continuity and institutional knowledge.
- Membership consists of experienced primary care clinicians from institutions across the United States, ensuring both relevant expertise and broad geographic representation.
- Volunteer service to eliminate financial incentives and reinforce independence.
- **Rigorous conflict-of-interest vetting** is conducted for all candidates and reviewed by AHRQ, both before appointment and as each new topic review begins.
- **Open member nominations process** announced annually in the *Federal Register*, encouraging broad public participation.
- Scientific and public health input into appointments as USPSTF and AHRQ leadership review all nominations, interview promising candidates, and then recommend to the Secretary who should be appointed.
- The Secretary has endorsed and appointed all of the USPSTF's recommended members, preserving scientific integrity across administrations.

The USPSTF's transparent, rigorous, and scientifically independent process is a national asset. It is why clinicians trust the Task Force's guidance, why patients follow its advice, and why lawmakers linked its recommendations to health coverage. We urge Congress to protect and preserve the USPSTF's current structure and operations to ensure that everyone continues to benefit from trusted, evidence-based preventive care.

Signed,



AcademyHealth

Alliance for Women's Health and Prevention American Academy of Allergy, Asthma &

Immunology

American Academy of Family Physicians

American Academy of Pediatrics

American Association for Dental, Oral, and

Craniofacial Research

American Association of Colleges of

Pharmacy

American Association of Post-Acute Care

Nursing

American Association on Health and

Disability

American Board of Family Medicine

American Board of Medical Specialties American College of Clinical Pharmacy

American College of Emergency Physicians

American College of Gastroenterology American College of Medical Genetics and

Genomics

American College of

Neuropsychopharmacology

American College of Obstetricians and

Gynecologists

American College of Physicians

American Gastroenterological Association

American Health Information Management

Association (AHIMA)

American Liver Foundation

American Medical Association

American Medical Informatics Association

(AMIA)

American Neurological Association

American Osteopathic Association

American Psychiatric Association

American Psychological Association

Services

American Public Health Association

American Society for Gastrointestinal

Endoscopy

American Society of Clinical

Psychopharmacology

American Society of Nephrology

American Society of Pediatric Nephrology

Amputee Coalition

Association for Behavioral and Cognitive

Therapies

Association for Diagnostics & Laboratory

Medicine

Association for Prevention Teaching and

Research

Association of American Cancer Institutes

Association of American Medical Colleges

Association of Departments of Family

Medicine

Association of Schools and Programs of

Public Health

Coalition for National Trauma Research

Colon Cancer Coalition

Comagine Health

Consortium of Social Science Associations

Consumers Advancing Patient Safety

Council of Medical Specialty Societies

Elation Health

Epilepsy Foundation of America

Fight Colorectal Cancer

FORCE: Facing Our Risk of Cancer

Empowered

Gateway Business Health Coalition

Gerontological Society of America

Health Care Systems Research Network

Health Hats

Health Policy Expert

HealthPartners. Institute

Healthy Teen Network

HealthyWomen

HIV+Hepatitis Policy Institute

Hydrocephalus Association

Infusion Access Foundation

Islamic Civic Engagement Project

Lakeshore Foundation

Learning Health Community

Lennox-Gastaut Syndrome (LGS)

Foundation

Lupus and Allied Diseases Association, Inc.

March of Dimes

Mass General Brigham

MEDIS, LLC



MGH Stoeckle Center for Primary Care

Innovation

NAPCRG

National Accelerator for Discovery in

Precision Health

National Association of Nurse Practitioners

in Women's Health

National Association of Pediatric Nurse

Practitioners

National Committee for Quality Assurance

National Headache Foundation

National Health Council

National Infusion Center Association

National Kidney Foundation

National Nurse-Led Care Consortium

National Partnership for Women & Families

National Patient Advocate Foundation

National Psoriasis Foundation

National Rural Health Association

Nurses Organization of Veterans Affairs

(NOVA)

Patient is Partner, LLC

Post-Acute and Long-Term Care Medical

Association

Prevent Blindness

Primary Care Collaborative

Society for Healthcare Epidemiology of

America

Society for Maternal-Fetal Medicine

Society for Public Health Education

Society of General Internal Medicine

Society of Teachers of Family Medicine

Spina Bifida Association

Stratis Health

Texas Health Resources

The Larry A. Green Center

The Leapfrog Group

The Lundquist Research Institute

The National Alliance to Advance

Adolescent Health/Got Transition

The National Nurse-Led Consortium

University of Michigan Institute for

Healthcare Policy and Innovation

University of Utah Health