FRIENDS OF AHRQ

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 **104 health organizations** 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 website, 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,

FRIENDS OF AHRQ

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