

United States Senate
WASHINGTON, DC 20510

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

March 24, 2026

Dear Secretary Kennedy:

Since its inception in 1984, the United States Preventive Services Task Force (USPSTF or Task Force) has issued nearly 300 evidence-based recommendations across 90 different topics to support preventive care, ensure that health care services are affordable, and help people live longer, healthier lives. Section 2713 of the Public Health Service Act (as added by the Affordable Care Act) mandates that USPSTF recommendations that receive an “A” or “B” rating be provided to enrollees at no cost. The USPSTF recommendations impact access and affordability for these life-saving interventions for all Americans. The Task Force has not met for a full year – the first time it’s not met consistently in at least a decade – delaying critical decisions that directly impact the health of Americans. It should restart its work immediately and without political interference. The independence and scientifically-backed nature of the Task Force is paramount to its operations, and we urge that the future work of USPSTF, including meetings, agendas, appointments of new Task Force members, and revisions of recommendations, continues to adhere to principles of independence and scientific rigor.

USPSTF is a scientifically independent volunteer panel of national experts in prevention and evidence-based medicine that is established in law. The mission of the Task Force is to systematically review the best available evidence to develop recommended preventive services, such as cancer screenings and more, to help guide clinical practice and improve the health of the American people. The independent and scientifically-backed nature of the Task Force is paramount to its operations, and was recently affirmed by the Consolidated Appropriations Act, 2026 (P.L. 119-75), which provided over \$11.5 million in funding for the Task Force and directed members of the USPSTF to “continue to uphold their mission and commitment to scientific evidence, transparency, and ensuring that Americans have access to affordable preventive health services.”

Based on USPSTF recommendations, insurers must provide coverage without cost-sharing for preventive services that have been proven to prevent disease based on evidence and empirical research. As a result of Task Force recommendations, preventive health services are accessible for all Americans and save lives through screenings for heart disease, screenings for breast, colorectal, cervical, and lung cancer, folic acid supplements for pregnant women to prevent birth defects, behavioral counseling, prevention of maternal depression, childhood vision screenings, adult diabetes screenings, and many more.

USPSTF recommendations have directly impacted millions of Americans, enabling them to have potentially fatal or debilitating conditions diagnosed at much earlier stages, thereby affording them a greater chance of living longer, healthier lives.

The Task Force membership historically has been comprised of experts in clinical medicine, scientific research, and public health. Its members are extensively vetted for conflicts of interest, and their service is completely voluntary and uncompensated. USPSTF's process for developing recommendations and its agenda is transparent to the public and based on high quality, methodologically sound, scientifically defensible, reproducible, and unbiased scientific evidence that is rooted in a clearcut process laid out in the Task Force's procedure manual.¹ Thus, the Task Force's recommendations can be considered neutral, unbiased and evidence-based by all stakeholders: policy makers; payers; providers; and most importantly the public.

However, we are particularly troubled by actions that have effectively rendered the Task Force dormant, and brought its life-saving work to a grinding halt. While the procedure manual clearly dictates that it is supposed to meet three times per year,² the Task Force only met once last year. The July meeting was abruptly cancelled two days before USPSTF was scheduled to meet, and the November meeting was cancelled amidst the government shutdown. And HHS just recently confirmed that the March 2026 meeting has been cancelled.³ Without these meetings, the Task Force cannot vote on or move forward on its work, including recommendations and research plans. CNN has reported that in addition to previous departures due to Reduction in Force and Deferred Resignation Program efforts, much of the Agency for Healthcare Research and Quality (AHRQ) staff that support the Task Force have left in recent weeks, further reducing the ability of the Task Force to function.⁴ As noted in the procedure manual, USPSTF meetings are used for formal votes for procedural and methodological decisions, for draft and final recommendations, and to reconsider the grade of previously voted recommendations.⁵ As the work of the Task Force languishes absent meetings, we are extremely concerned that the Administration is allowing the incredibly important work of USPSTF to stagnate.

Additionally, the terms of five of the sixteen Task Force members expired in December without any indication from the Department about the process to extend appointments or replace the members. Going back to at least 2002, HHS under Democrats and Republicans (including under President Trump's first term⁶) has consistently used either the Federal Register or the Task Force's website to announce and solicit requests for nominations.⁷

¹ <https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes/procedure-manual>

² <https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes/procedure-manual/procedure-manual-section-1#6>

³ <https://www.reuters.com/business/healthcare-pharmaceuticals/march-meeting-us-preventive-services-task-force-postponed-2026-03-03/>

⁴ <https://www.cnn.com/2026/03/03/health/uspstf-preventive-care-hhs>

⁵ Ibid.

⁶ <https://www.uspreventiveservicestaskforce.org/uspstf/announcements/ahrq-seeks-nomination-new-members-us-preventive-services-task-force-1>

⁷ https://www.federalregister.gov/documents/search?conditions%5B%5B%5D=agency-for-healthcare-research-and-quality&conditions%5Bsearch_type_id%5D=3&conditions%5Bterm%5D=uspstf&order=newest

However, previous reporting from the Wall Street Journal suggests that you may look to remove the entirety of the Task Force.⁸ While the Supreme Court affirmed the Secretary’s authority to appoint and remove Task Force members at will in *Kennedy v. Braidwood Management, Inc.*, we are concerned that you may appoint unqualified members to the Task Force, as you have done with the Advisory Committee on Immunization Practices. Doing so could undermine longstanding preventive health coverage policies, totally abandon any sense of continuity or institutional memory on the Task Force, and could directly harm patients by limiting access to cost- and life-saving preventive services.

Following the repeated cancellation of meetings and with a diminished workforce for USPSTF, we are deeply concerned that the work of the Task Force will be irreparably hindered—jeopardizing critical access to new or updated preventive interventions, services, and guidance, and potentially leading to worse health outcomes for the American people. In addition to an inability to finalize recommendations and research plans that are languishing, the Task Force has failed to submit an annual report to Congress for the first time since it was statutorily required to.⁹ While the Department must now implement minimum staffing levels as a result of the Fiscal Year 2026 Labor, Health and Human Services, and Education appropriations bill,¹⁰ previous staffing cuts to AHRQ undoubtedly curtailed USPSTF’s work in 2025. Together, these developments leave us extremely worried about the work of the Task Force going forward.

Given the diminished activities last year, potential for detrimental upheaval within the Task Force, and possibility that USPSTF may no longer be guided by integrity, independence, scientifically-backed processes, or evidence-based recommendations, we request answers to the following questions by April 15, 2026:

1. As required by the Public Health Service Act (42 U.S.C. 299b-4(2)(F)), the Task Force is required to submit an annual report to Congress identifying gaps in research, such as preventive services that receive an insufficient evidence statement, and recommending priority areas that deserve further examination, including areas related to populations and age groups not adequately addressed by current recommendations.
 - a. When does the Department and the Task Force plan to release the 2025 statutorily required annual report?
 - b. With two-thirds of the Task Force meetings cancelled and AHRQ’s staff cut significantly last year, what components of HHS were involved in developing the annual report?
 - i. Were experts on clinical medicine, scientific research, and public health involved?
2. The Task Force’s authorizing statute stipulates that the AHRQ Director shall convene an independent Task Force to be composed of individuals with appropriate expertise.
 - a. The Task Force has not met since March of last year, and the July and November meetings were not rescheduled. Please share the justification for the cancellation of the March 2026 meeting, and when the Task Force will next meet.

⁸ <https://www.wsj.com/health/healthcare/rfk-health-screening-panel-members-c308cbb0>

⁹ <https://www.nytimes.com/2026/01/09/well/rfk-jr-uspstf-task-force.html>

¹⁰ P.L. 119-75; Division B, Title II, Sec. 239

- b. The Task Force has had five vacancies since December 2025. Will the Task Force or Department solicit through the Federal Register or Task Force website a request for nominations? If so, when will that process begin? If not, will the process otherwise provide opportunity for public review and input?
 - c. Unless it is already underway, when new potential Task Force members are undergoing vetting, will their qualifications be transparently judged on previous metrics and relevant expertise?
3. As stipulated within the authorizing statute, the Task Force shall review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of clinical preventive services for the purpose of developing recommendations for the health care community, and updating previous clinical preventive recommendations, for individuals and organizations delivering clinical services.
- a. In making changes for vaccine coverage, you and your hand-picked ACIP have baselessly and without evidence made changes to vaccine schedules including for SARS-CoV-2 and the Childhood and Adolescent Immunization Schedule, resulting in professional societies making their own declarations for appropriate vaccine schedules and policies. A preliminary ruling in *American Academy of Pediatrics v. Kennedy* found that your previous efforts to dismantle ACIP and make changes to the childhood vaccine schedule were likely illegal.
 - i. How will the Task Force make recommendations going forward?
 - ii. When, if not now, will the Task Force or HHS determine whether to re-examine existing evidence-based recommendations?
 - iii. Will USPSTF continue to rely on the processes and guidelines laid out and prescribed under the Task Force’s procedures manual?
 - iv. If there are changes to the procedures manual processes, will you look to maintain transparency, scientific rigor, and independence of the process by requesting public input for any process changes?
4. On President Trump’s first day in office, he issued a number of Executive Orders including an Executive Order on Ending Radical And Wasteful Government DEI Programs And Preferencing. This has led to the cancellation of grants and programs across HHS related to gender- and racial-based work.
- a. Many USPSTF recommendations incorporate age-, gender-, or race-specific guidance because the evidence and data clearly demonstrate that there are risks for these specific populations, and that targeted interventions can prevent disease. Of note, recommendations that incorporate factors such as age, gender, race etc. do not do so as a matter of “DEI”, but rather because the scientific evidence suggests that certain populations are at greater risk for the disease of concern. Population-based recommendations allow policymakers, payers and providers to target screening interventions in the most cost-effective manner possible. Will there be changes to these existing recommendations to align with the President’s Executive Orders on DEI?
 - b. Will the Task Force continue to make recommendations based on the evidence and data, even when the evidence and data require those recommendations to be age-, gender-, or race-specific?

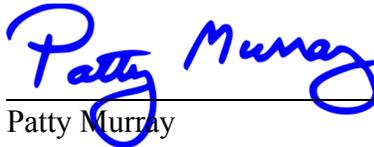
- c. We are concerned that the Task Force, under your guidance, may re-examine recommendations for the prescribing of preexposure prophylaxis (PrEP). Please share if you plan to direct them to do so.

You have said you aim to “Make America Healthy Again” by addressing chronic disease; however, you are not prioritizing the maintenance, support, and continuation of the USPSTF. As you know, the most common causes of chronic disease in the United States include tobacco use, obesity, high blood sugar, hypertension, and high cholesterol, and the Task Force has made recommendations regarding prevention of all of those causes for both children and adults. Preventive services can help people avoid acute illness, identify and treat chronic conditions, prevent cancer as well as lead to earlier detection, improve health outcomes, and reduce the burden of end-stage chronic disease. To that end, we look forward to hearing from you in response to these questions, and urge that the administration prioritize resuming the cost- and life-saving work of the Task Force.

Sincerely,



Angus S. King, Jr.
United States Senator



Patty Murray
United States Senator



Elizabeth Warren
United States Senator



Charles E. Schumer
United States Senator



Bernard Sanders
United States Senator



Lisa Blunt Rochester
United States Senator



Amy Klobuchar
United States Senator



Jeffrey A. Merkley
United States Senator



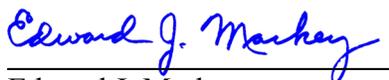
Richard Blumenthal
United States Senator



Chris Van Hollen
United States Senator



Angela D. Alsobrooks
United States Senator



Edward J. Markey
United States Senator



Kirsten Gillibrand
United States Senator



Tammy Duckworth
United States Senator



Richard J. Durbin
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Jack Reed
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Jacky Rosen
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Ben Ray Lujan
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Alex Padilla
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