

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

October 5, 2026

Dear Secretary Kennedy:

We write to express our alarm and strong concern regarding the status of the U.S. Preventive Services Task Force (the Task Force or USPSTF). On September 17, 2026, the Department of Health and Human Services (HHS) announced the appointment of eight new Task Force members, including five specialists and one non-clinician health economist – a major break from the historic makeup of USPSTF membership that is typically comprised of preventionists and primary care practitioners. The independence and scientifically backed nature of the Task Force is paramount to its operations and to informing preventive care, thereby ensuring that health care services remain affordable, and helping people live longer, healthier lives. The Task Force’s recommendations also carry unique legal force as any service that is graded an “A” or “B” must be covered by most private health insurance plans with no cost sharing – making its decision determinative of the preventative care services available to Americans at no cost. We write to urge you to restore the independence and integrity of the Task Force and to seek clarity on recent actions, including how they will inform the future work of USPSTF. It is imperative that the Task Force adhere to principles of independence and scientific rigor.

The Task Force membership has historically been comprised of providers with expertise in primary care and prevention. 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, are transparent to the public. Both are based on high-quality, methodologically sound, scientifically defensible, reproducible, and unbiased scientific evidence that is rooted in a clear-cut process laid out in the Task Force’s procedure manual.¹ Thus, the Task Force’s recommendations can be considered neutral and evidence-based by all stakeholders: policymakers; payers; providers; and most importantly, patients.

Since 2002, HHS under both parties (including under President Trump’s first term²) has consistently used the same format - either through the Federal Register or the Task Force’s website - to announce and solicit requests for nominations.³

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

² <https://www.uspreventiveservicestaskforce.org/uspstf/announcements/ahrq-seeks-nomination-new-members-us-preventive-services-task-force-1>

³ 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

Applicants were required to demonstrate knowledge, expertise, and national leadership in the following areas: 1) the critical evaluation of research published in peer-reviewed literature and in the methods of evidence review; 2) clinical prevention, health promotion and primary health care; and 3) implementation of evidence-based recommendations in clinical practice, including at the clinician-patient level, practice level, and health-system level.⁴ Put plainly – qualifications to be an appointed member of the Task Force were derived from expertise in primary care and preventive medicine.

We were particularly alarmed by the April 23, 2026, Federal Register notice, both for the change in nominee parameters as well as the timeline. As noted in the Nomination Submissions section, the Agency for Healthcare Research and Quality (AHRQ) sought nominations of physician specialists in areas well outside of primary care and preventive medicine, including practitioners in anesthesiology/pain management, cardiology, hematology/oncology, radiology, and surgery, among others. Members of these disciplines and other specialty care have always played a role in Task Force operations; however, they have primarily acted as consultants, in part to preclude any conflict of interest that specialists may have through prescribing an intervention. Specialists are expected to have deep expertise in their specialty area, but do not have the same level of expertise needed to make broad primary care and preventive care recommendations. The April notice also gave applicants one month to apply for appointments to potentially begin in June 2026, a drastic change from a normally year-long process that included a three month application window. This rushed process not only calls into question the seriousness of this nominations process, but also whether the Members ultimately selected may have been pre-determined.

In addition to seriously problematic changes to the solicitation notice, the transparency of the selection process was marred from the start. The Chair and leadership of the Task Force historically review and make recommendations to the Secretary for new appointments to USPSTF. On May 19, 2026, the Task Force's two Vice Chairs were fired because HHS claimed that they had been unlawfully appointed per the *Kennedy v. Braidwood Management, Inc.* decision,⁵ with public reporting confirming that the terminations were unrelated to the leaders' performance.⁶ However, the two leaders argued that *Braidwood* did not invalidate appointments by previous HHS Secretaries, and the Department's legal analysis to support their personnel decision has not been publicly released.

Removing the leadership of the Task Force during the appointment process calls into question the political independence and transparency of the recent appointment process, which culminated on September 17, 2026, with the announcement of eight new appointees. It is even more concerning given that there is no information about whether these new members adhere (if at all) to the historically rigorous conflict of interest standards of Task Force membership.

⁴ <https://www.federalregister.gov/documents/2018/02/28/2018-04052/solicitation-for-nominations-for-members-of-the-us-preventive-services-task-force-uspstf>

⁵ <https://www.statnews.com/2025/06/27/supreme-court-decision-braidwood-rfk-jr-more-power-over-obamacare-coverage-free-preventive-services/>

⁶ <https://www.nytimes.com/2026/05/20/well/rfk-jr-firings-preventative-services-task-force.html>

As of the date of this letter, the Conflict of Interest disclosures page – where all previous individual Members’ disclosures were historically published – is barren and inactive,⁷ further limiting transparency regarding the independence of these new members and diminishing the overall integrity of the USPSTF.

Moreover, given the background of many of the new members, we have strong concerns about the Task Force’s ability to make independent, evidence-based recommendations across the broad range of topics to inform primary and preventive-level care. Specialists have always contributed to the Task Force’s evidence reviews, and they should continue to do so. But the Task Force’s work is broad and spans the full range of clinical preventive services, for every age group. Additionally, given that not all specialties are represented, we are greatly concerned about the potentially outsized impact these members could have in pushing for services within their specialty, particularly while a full accounting of any conflicts of interest remains outstanding. This predictable imbalance is partly why the Task Force traditionally relied on specialists exclusively as consultants for relevant reviews.

Finally, in addition to the new direction of the Task Force, we continue to have serious concerns about the capability of USPSTF to conduct its incredibly important work given the major cuts that have occurred at AHRQ over the past 18 months. The Task Force’s evidence reviews are conducted by career staff at AHRQ. Approximately 80 percent of AHRQ staff have been fired or have left the agency without being replaced.⁸ The USPSTF statute (42 U.S. Code § 299b-4) explicitly states that AHRQ “shall provide ongoing administrative, research, and technical support for the operations of the Task Force, including coordinating and supporting the dissemination of the recommendations of the Task Force, ensuring adequate staff resources, and assistance to those organizations requesting it for implementation of the Guide’s recommendations.” The decimation of AHRQ staff is directly contrary to the statute, and we have strong concerns that the Task Force will be able to develop evidence-based and credible recommendations without adequate support staff.

As you’ll recall, we were joined by a number of our colleagues in writing to you earlier this year about our concerns regarding politicization of USPSTF.⁹ Over six months later, we have still not received a response from you. Given these seriously concerning actions, we request a response to our previous letter and to the following questions by October 15, 2026:

1. What is the scientific and evidence-based justification for changes to the makeup of Task Force membership to move away from primary care and preventive medical experts to specialists?
2. The Task Force’s nomination process was compressed from a three-month public solicitation plus a months-long review to a roughly two-month end-to-end review and selection process.

⁷ <https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/conflict-interest-disclosures>

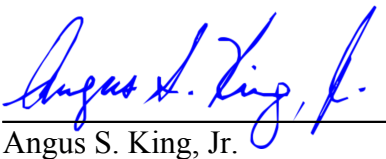
⁸ <https://academyhealth.org/blog/2026-07/ahrq-being-dismantled-consequences-will-reach-every-corner-health-care>

⁹ <https://www.king.senate.gov/newsroom/press-releases/king-colleagues-urge-hhs-director-kennedy-to-return-to-data-based-cost-effective-preventive-health>

- a. What was the justification for shortening the Task Force member selection review timeline?
 - b. Did HHS or AHRQ review candidates prior to the April 2026 Federal Register notice?
3. What is the legal justification for having removed the two Vice Chairs of the Task Force in May 2026?
 - a. Where specifically in the *Braidwood* decision does it discuss that the then-Vice Chairs were unlawfully appointed?
4. What is the justification for not publicizing the conflict of interest disclosures of the newly appointed Task Force members?
 - a. How is Congress, the medical community, and the public expected to have faith in the independence of the Task Force going forward?
 - b. When will you be restoring the Conflict of Interest disclosures page?
5. The staff support for the Task Force at AHRQ has been diminished. How does HHS expect the Task Force to develop credible recommendations without adequate support?

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 while adhering to the evidence-based and scientifically informed processes that have ensured the historic credibility of USPSTF.

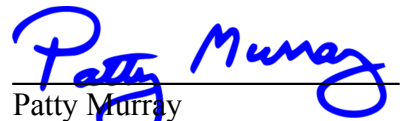
Sincerely,



Angus S. King, Jr.
United States Senator



Elizabeth Warren
United States Senator



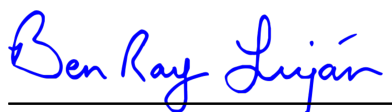
Patty Murray
United States Senator



Bernard Sanders
United States Senator



Michael F. Bennet
United States Senator



Ben Ray Lujan
United States Senator



Lisa Blunt Rochester
United States Senator



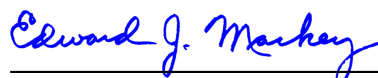
Angela D. Alsobrooks
United States Senator



Richard J. Durbin
United States Senator



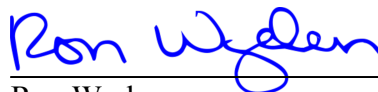
Richard Blumenthal
United States Senator



Edward J. Markey
United States Senator



Chris Van Hollen
United States Senator



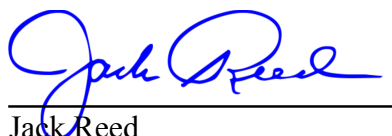
Ron Wyden
United States Senator



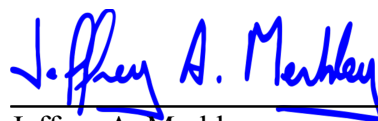
Tammy Duckworth
United States Senator



Alex Padilla
United States Senator



Jack Reed
United States Senator



Jeffrey A. Merkley
United States Senator