US Preventive Services Task Force: What Does the Future Hold?

Doug Campos-Outcalt, MD, MPA

Published online November 19, 2025.

Over the past 40 years, the US Preventive Services Task Force (USPSTF) has provided high-quality, clinically useful guidance to family physicians and other primary care clinicians on the use of preventive services in clinical practice. The USPSTF was first created in 1984 as an independent panel of experts under the auspices of the Office of Disease Prevention and Health Promotion in the Department of Health and Human Services (HHS). In 1998, it was placed under the sponsorship of the Agency for Healthcare Research and Quality (AHRQ) in the HHS, while maintaining its independent status, and provided with support to conduct scientific evidence reviews of preventive services and develop recommendations for the primary care community. The USPSTF's scope includes screening tests, counseling, and preventive medications.

The methodology used by the USPSTF to assess the quality of evidence and make clinical recommendations is considered by most experts to be the standard that all other guideline groups should emulate.[1] They commission systematic reviews of all available evidence on a topic from independent evidence centers and make recommendations based on the strength of the evidence and the magnitude of benefits and harms.[2] They will not make a recommendation if there is insufficient evidence to support it.[3] They do not consider cost-effectiveness in their deliberations. They have rigorous conflict of interest policies,[4] and the membership consists of experts in primary care and preventive health–related disciplines (eg, internal medicine, family medicine, behavioral medicine, pediatrics, obstetrics/gynecology, and nursing), selected for their expertise and scientific credentials. All USPSTF policies and procedures and descriptions of their methodology are available at https://www.uspreventiveservicestaskforce.org/.

Although the American Academy of Family Physicians makes independent recommendations regarding preventive services, it often relies on the evidence reports produced for the USPSTF and rarely disagrees with USPSTF recommendations.[5,6] Also, the USPSTF is a critical resource for preventive medicine training in family medicine and influences board certification.[7,8]

The USPSTF recommendations were originally intended as voluntary guidance for primary care clinicians. That changed in 2010 when the Affordable Care Act (ACA) mandated that commercial health plans provide services that have a USPSTF A or B recommendation rating, with no out-of-pocket cost sharing. This change exposed the USPSTF to external pressure from special interests with financial stakes in the outcomes of the USPSTF's scientific deliberations.[9,10]

A recent Supreme Court ruling may bring significant changes to the USPSTF under the current administration.[11] The case was based on a challenge to the ACA coverage mandate on the basis that USPSTF members are not confirmed by Congress and do not have the authority to set insurance mandates. The Supreme Court ruled that because USPSTF members are appointed and supervised by the Secretary of HHS, and the Secretary can accept or reject their recommendations, the ACA mandate is legal. Before this ruling, members were appointed by the director of AHRQ and acted as an independent group of experts. The ruling's effect has been to further politicize the USPSTF and give the Secretary authority to dismiss them without cause, appoint members more to his liking, and task them with addressing topics of his choice. There is no requirement that the current time-tested, trusted evidence methodology be followed. Yet, the mandate for coverage remains.

Although the Secretary of HHS's ultimate intentions for the USPSTF are uncertain, his actions to date have been concerning: calling the USPSTF too "woke," criticizing their light workload (focusing on the one or two new recommendations rather than the 15 or more updates they produce each year), cutting support staff at AHRQ, canceling the USPSTF's July 2025 meeting just 3 days in advance, and signaling his intent to replace all of the current members. There is a real possibility that what has been a valuable source of evidence-based preventive care recommendations for decades will be transformed into a partisan tool with no incentive to critically appraise evidence.

DOUG CAMPOS-OUTCALT, MD, MPA, University of Arizona, Phoenix

Author disclosure: No relevant financial relationships.

Address correspondence to Doug Campos-Outcalt MD, MPA, at dougco@ cox.net.

REFERENCES

1. Graham R, et al.; Institute of Medicine. *Clinical Practice Guidelines We Can Trust*. National Academies Press; 2011.
2. Barry MJ, et al. Putting evidence into practice: an update on the US Preventive Services Task Force methods for developing recommendations for preventive services. *Ann Fam Med*. 2023;21(2):165-171.

Downloaded from the American Family Physician website at www.aafp.org/afp. Copyright © 2026 American Academy of Family Physicians. For the private, noncommercial use of one individual user of the website. All other rights reserved. Contact copyrights@aafp.org for copyright questions and/or permission requests.

You made **free health care clinics** possible.

Donate today to increase access to health care.

aafp.org/reasonstogive

3. Petitti DB, Teutsch SM, Barton MB, et al. Update on the methods of the U.S. Preventive Services Task Force: insufficient evidence. *Ann Intern Med*. 2009;150(3):199-205.
4. Ngo-Metzger Q, Moyer V, Grossman D, et al. Conflicts of interest in clinical guidelines: update of the U.S. Preventive Services Task Force policies and procedures. *Am J Prev Med* 2018;54(1S1):S70-S80.
5. American Academy of Family Physicians. AAFP clinical preventive services recommendations. Accessed August 29, 2025. https://www.aafp.org/family-physician/patient-care/clinical-recommendations/aafp-cps.html
6. Lyon C, Vosooney A, Bird MD. AAFP clinical preventive services recommendation development process explained. *Am Fam Physician*. 2022;105(4):343.
7. American Board of Family Medicine. Family medicine exam blueprint. Accessed August 29, 2025. https://www.theabfm.org/family-medicine-exam-blueprint/
8. Kelly K, Parente DJ. Critical gaps in knowledge and implementation of recommendations by the US Preventive Services Task Force. *Prev Med Rep*. 2023;32:102120.
9. Woolf SH, Campos-Outcalt D. Severing the link between coverage policy and the US Preventive Services Task Force. *JAMA*. 2013; 309(18):1899-1900.
10. Johns DM, Bayer R. The paradox of authority: transformation of the USPSTF under the Affordable Care Act. *N Engl J Med*. 2016;375(18): 1710-1712.
11. Bagley N. Preventive care at the Supreme Court. *N Engl J Med*. 2025; 393(8):729-731. ■