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1ST SESSION

S. RES. 343

Recognizing the important work of the United States Preventive Services
Task Force.

IN THE SENATE OF THE UNITED STATES

JULY 29, 2025

Mr. KING (for himself, Ms. WARREN, Mr. BLUMENTHAL, Mrs. GILLIBRAND,
Mr. VAN HOLLEN, Ms. KLOBUCHAR, and Mr. MARKEY) submitted the
following resolution; which was referred to the Committee on Health,
Education, Labor, and Pensions

RESOLUTION

Recognizing the important work of the United States
Preventive Services Task Force.

Whereas the United States Preventive Services Task Force
(referred to in this preamble as the “Task Force”) is a
scientifically independent, statutorily authorized panel
comprised of voluntary, non-Federal experts in disease
prevention and evidence-based medicine;

Whereas, since 1984, the mission of the Task Force has been
to improve the health of the people of the United States
by making evidence-based recommendations about health
promotion and the effectiveness of clinical primary and
secondary preventive services;

Whereas steps to arrive at an official Task Force recommendation include—

- (1) assessing the adequacy of evidence at the key question level;
- (2) assessing the adequacy of evidence at the linkage level;
- (3) estimating the magnitude of benefit and harm of the preventive service;
- (4) evaluating the certainty of the evidence of net benefit for the preventive service;
- (5) estimating the magnitude of the net benefit of the preventive service; and
- (6) developing a recommendation grade for the preventive service in the relevant population, based on the parameters described in paragraphs (1) through (5);

Whereas the Task Force documents its methods in a procedure manual and other resources to ensure that the recommendations and evidence reviews are consistently of high quality, methodologically sound, scientifically defensible, reproducible, and unbiased;

Whereas the Task Force invites and carefully considers public comment in the development process for all Task Force research plans, evidence reviews, and recommendation statements to increase the transparency and utility of the outputs of the Task Force;

Whereas the Patient Protection and Affordable Care Act (Public Law 111–148; 124 Stat. 119) (referred to in this preamble as the “ACA”) reauthorized the Task Force and required insurers to cover, without deductible or copay, preventive services that are recommended by the Task Force with a grade of “A” or “B”, along with those preventive services recommended by the Advisory Com-

mittee on Immunization Practices of the Centers for Disease Control and Prevention (referred to in this preamble as “ACIP”), Bright Futures, and the Health Resources and Services Administration’s guidelines for women’s health;

Whereas the ACA prohibits most health plans, including private health insurance plans, Medicare, and Medicaid, from imposing cost-sharing on patients for preventive services when the services are delivered by an in-network provider;

Whereas the Task Force comprehensively assesses evidence and makes recommendations about the effectiveness of clinical primary and secondary preventive services, including screening tests, counseling about healthy behaviors, and preventive medications for children, adolescents, adults, older adults, and pregnant women, which collectively includes 54 recommended preventive services and medicines that are covered without cost-sharing;

Whereas such recommended services include preventive health services such as screenings for heart disease, screenings for breast, colorectal, cervical, and lung cancer, and folic acid supplements for women to prevent birth defects in their babies;

Whereas the most common causes of chronic disease in the United States include smoking, 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;

Whereas the Task Force recommendations are entirely based on the strength of the evidence and the balance of benefits and harms of a preventive service;

Whereas the Task Force has saved hundreds of thousands, if not millions, of lives due to its often simple and inexpensive recommendations;

Whereas preventive services can help people avoid acute illness, identify and treat chronic conditions, prevent cancer or lead to earlier detection, improve health outcomes, and reduce the burden of end-stage chronic disease;

Whereas the Task Force is comprised of members selected, reviewed, and appointed by the Secretary of Health and Human Services;

Whereas nominations for members of the Task Force are open to the public, and qualification includes demonstrated knowledge, expertise, and national leadership in areas including—

- (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;

- (3) implementation of evidence-based recommendations in clinical practice, including at the clinician-patient level, practice level, and health system level; and

- (4) experience in methodological issues, such as meta-analysis, analytic modeling, or clinical epidemiology, for members without primary health care clinical experience;

Whereas the members of the Task Force are appointed for staggered 4-year terms, with potential 1-year extensions, to allow new perspectives into the Task Force while ensuring continuity in its mission;

Whereas applicants for the Task Force are required to not have substantial conflicts of interest, whether financial, professional, or intellectual, that would impair the scientific integrity of the work of the Task Force, and must complete regular conflict of interest disclosures;

Whereas the Task Force is assisted in fulfilling its mission by the Agency for Healthcare Research and Quality (referred to in this preamble as the “AHRQ”), which provides scientific, administrative, and dissemination support to the Task Force, and by AHRQ-designated Evidence-based Practice Centers, which develop the evidence reviews, evidence summaries, and other documents that inform the deliberations of the Task Force;

Whereas recent funding and staffing reductions at AHRQ have significantly impacted its ability to support the Task Force;

Whereas the recent decision of the Supreme Court of the United States in *Kennedy v. Braidwood Management, Inc.*, upheld the constitutionality of the Task Force;

Whereas the Braidwood decision reaffirmed the power of the Secretary of Health and Human Services to appoint or remove members of the Task Force and review their recommendations;

Whereas the Task Force meets 3 times a year, in March, July, and November;

Whereas, on July 7, 2025, the Secretary of Health and Human Services Robert F. Kennedy (referred to in this preamble as “Secretary Kennedy”) abruptly cancelled a meeting of the Task Force scheduled for July 10, 2025; and

Whereas Task Force meetings are necessary for formal votes to consider, reconsider or move forward Task Force recommendations and material development: Now, therefore, be it

1 *Resolved*, That—

2 (1) to ensure access for the people of the
3 United States to life-saving, evidence-based preven-
4 tive care and services, the operations of the United
5 States Preventive Services Task Force (referred to
6 in this resolution as the “Task Force”), including
7 working with the Agency for Healthcare Research
8 and Quality, Evidence-based Practice Centers, and
9 related stakeholders, should not be subject to any
10 interruption, delay, or funding disruption;

11 (2) the members of the Task Force currently
12 comprised of experts in primary care and preventive
13 medicine serving staggered 4-year terms have been
14 charged by Congress to make evidence-based rec-
15 ommendations about preventive health services, and
16 do so transparently using the best available scientific
17 evidence;

18 (3) the members of the Task Force should con-
19 tinue to serve their 4-year terms to completion;

20 (4) the work of the Task Force must continue
21 to be grounded in transparent, evidence-based review

1 that is based on vetted, proven, and scientifically
2 demonstrated studies; and

3 (5) the Department of Health and Human
4 Services, as required by section 915 of the Public
5 Health Service Act (42 U.S.C. 299b–4), must recon-
6 vene the Task Force and move the work of the Task
7 Force forward without delay.

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