

# Understanding the US Preventive Services Task Force (USPSTF) and Access to Prevention Implications

## What is USPSTF?

The U.S. Preventive Services Task Force (USPSTF) is an independent panel of experts in preventive medicine and primary care staffed by the federal Agency for Healthcare Research and Quality (AHRQ). The USPSTF develops evidence-based recommendations on preventive services like screenings, counseling, or medications.

## USPSTF recommendations form the backbone of preventive care in the United States

- They determine which services – from blood pressure and cancer screenings to tobacco cessation interventions – are available without cost-sharing and guide what services should be delivered, to whom, and when.
- USPSTF generally focuses on clinical preventive services for people without obvious signs or symptoms of the condition being addressed, rather than treatment guidelines or recommendations for symptomatic patients.
- Recommendations are based on systematic evidence reviews and guide clinicians, payers, and policymakers. They are graded based on the strength of evidence and balance of benefits and harms:

Grade	Evidence Review Conclusion	Recommendation	Connection to ACA Coverage requirements
Grade A/B	Moderate to high certainty that the service provides a moderate to substantial net benefit to patients and communities	Offer or provide the service	Triggers coverage without cost sharing
Grade C	At least moderate certainty that the service provides a small net benefit	Offer selectively, based on individual patient circumstances	None
Grade D	Service has no net benefit or the harms outweigh the benefits	Discourage use of the service	None
Grade I	Current evidence is insufficient to assess the balance of benefits and harms  Importantly, “insufficient” isn’t proof that the service does not benefit patients, but a caution that the current research is not of sufficient quality to prove the benefit	Review clinical considerations; if the service is offered, patients should understand the uncertainty around benefits and harms	None

## **Why do USPSTF recommendations, and the coverage policies they trigger, matter to patients and communities?**

These recommendations influence whether patients and communities are offered key preventive services, such as mammograms and PrEP (pre-exposure prophylaxis), and whether those services are available without out-of-pocket costs.

## **Why do they matter to clinicians, public health practitioners, and health care leaders?**

USPSTF recommendations shape clinical practice, coverage and access to preventive care. Changes to recommendations – or deviations from standard evidence review and public deliberation processes – can create coverage uncertainty, gaps in access, and potential harm.

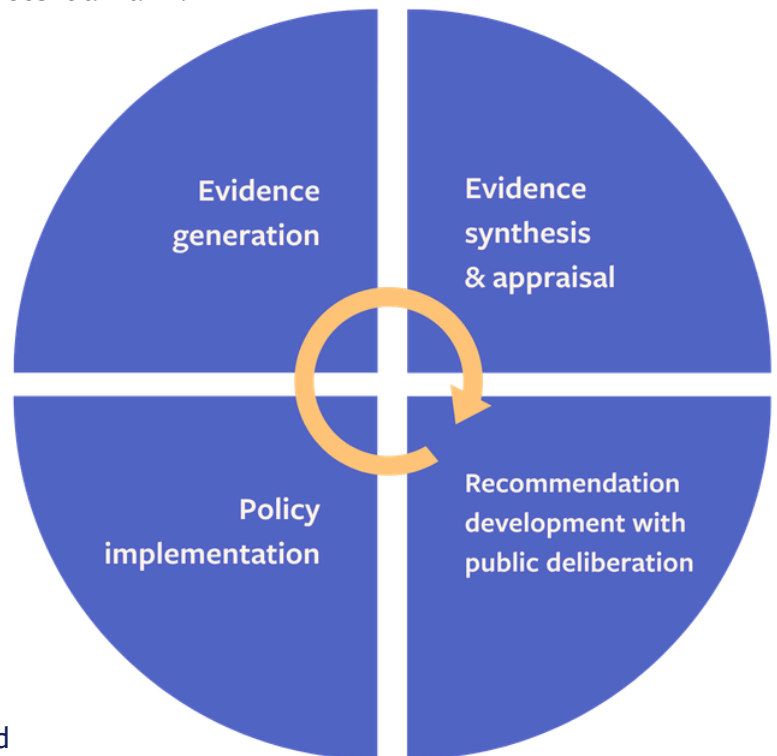
## **How does USPSTF work?**

USPSTF operates within a broader evidence-to-policy ecosystem. Its recommendations are grounded in systematic evidence reviews, typically developed in partnership with AHRQ-supported Evidence-based Practice Centers (EPCs). AHRQ contracts with EPCs, independent research centers that conduct rigorous reviews to assess what the evidence shows, how strong it is, and where gaps remain. USPSTF then uses that evidence, along with its own review and public input, to issue recommendation statements.

## **What services are covered without cost sharing?**

In practice, this coverage typically includes the preventive service itself (e.g., a screening test or counseling visit) as well as related services needed to deliver it – such as office visits, laboratory tests, and associated clinical services – when the primary purpose is for preventive services, though the exact scope of coverage may vary by plan and service. For adults, that commonly includes services such as:

- Blood pressure screening
- Statin use for adults with one or more risk factors and elevated cardiovascular risk
- Colorectal cancer screening
- Depression screening
- Diabetes screening for eligible adults
- Hepatitis B screening for at-risk groups
- Hepatitis C screening for adults 18–79
- HIV screening
- Lung cancer screening for high-risk individuals
- Obesity screening and counseling
- Tobacco use screening and cessation interventions
- Unhealthy alcohol use screening and counseling



## Which plans cover Grade A and B recommendations?

Recommendations with Grades A and B are required to be covered without cost-sharing by most private health plans and Medicaid expansion programs under the Affordable Care Act (ACA). For Medicare and traditional Medicaid, these recommendations grant federal and state agencies the ability to provide no-cost coverage under the ACA, which they generally do. Other federal programs like VHA, IHS, TRICARE, and FEHB are not bound by ACA mandates but often align preventive coverage with USPSTF A/B recommendations through their own policies.

## What are the potential access gaps?

Downgrading recommendations, the use of alternative pathways to release guidance, or even inaction, may leave gaps in access to these vital services.

### Downgrading current Grade A and Grade B recommendations would mean they are no longer required to be covered without cost sharing.

Insurers would no longer be federally required to cover that service without cost-sharing, beginning with the next applicable plan year. For example: If PrEP (pre-exposure prophylaxis) for HIV was downgraded from Grade A to Grade C, this would mean patients may not be able to access PrEP without cost sharing.

### Evolving science can outpace recommendations when they are not revisited regularly.

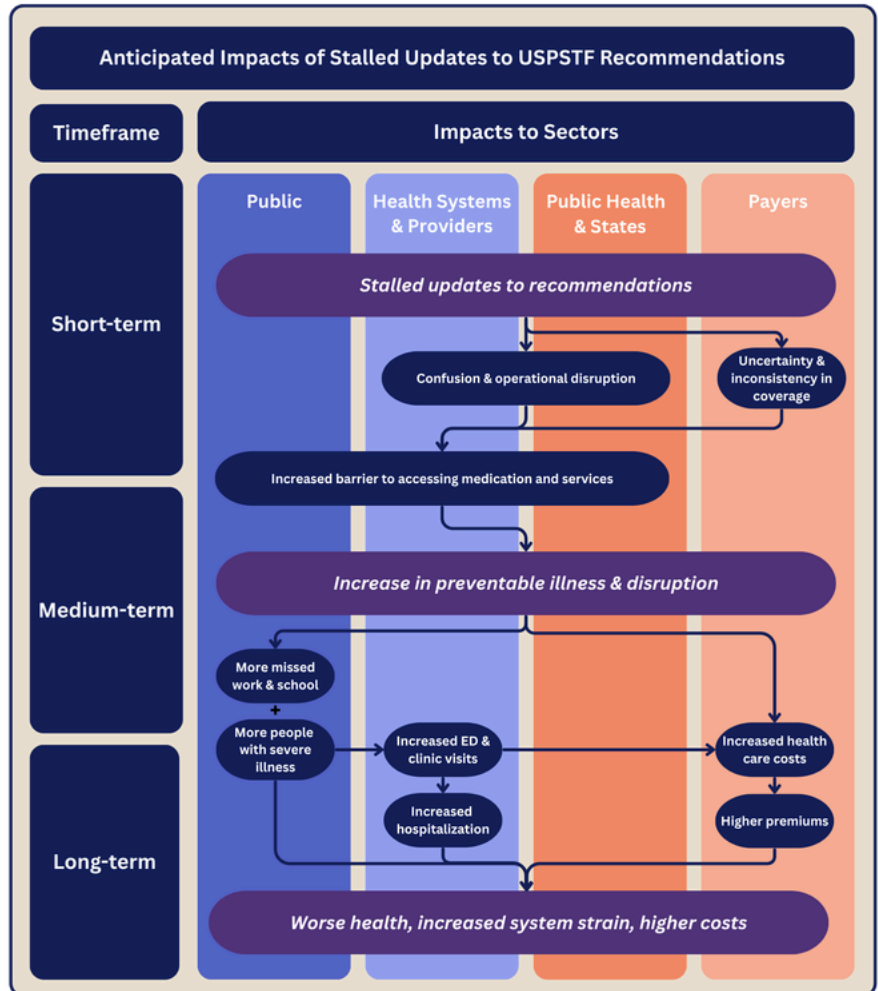
This is particularly true for new drugs and diagnostics, which often evolve more quickly than screening recommendations. USPSTF typically revisits reviews on a five-year cycle, and delays to that process can further slow the incorporation of new evidence into clinical practice and coverage policy. For example, there are 18 recommendations currently in the USPSTF pipeline to review, such as prostate cancer screening.

### Recommendations issued outside the standard USPSTF process may create differences in coverage.

For example, on January 5, 2026, [cervical cancer self-testing guidance](#) was issued through the Women’s Health Preventive Services Initiative (WPSI) at the Health Resources and Services Administration (HRSA). Although this guidance similarly triggers no-cost-sharing requirements for many private health plans, it applies differently in Medicaid. As a result, some individuals – particularly those enrolled in traditional, non-expansion Medicaid programs – may not have access to recommended services.

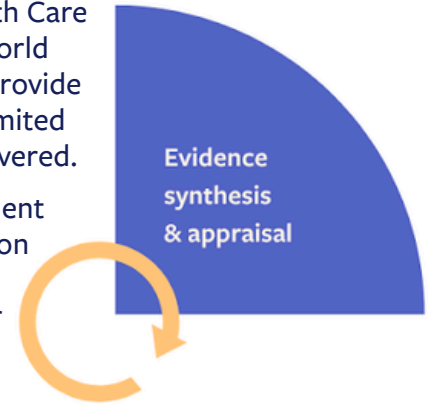
## Are there other evidence review bodies?

USPSTF is one of several U.S. bodies that reviews clinical preventive services, but it is unique in combining independent evidence review, a standardized grading system, public deliberation, and a direct link to nationwide coverage under federal law.



While international bodies such as the Canadian Task Force on Preventive Health Care (CTFPHC), National Institute for Health and Care Excellence (NICE), and the World Health Organization (WHO) also translate evidence to recommendations and provide guidance on some overlapping topics, their applicability to the U.S. context is limited by global differences in health system structure and how preventive care is delivered.

Independent evidence synthesis organizations outside the U.S. federal government – such as Cochrane, JBI (Joanna Briggs Institute), and the Campbell Collaboration – review preventive services and assess evidence strength but generally do not issue formal recommendations. These bodies have informed USPSTF and other international guidance and could continue to serve as independent evidence inputs; however, access varies and not all resources are open access.



### Federal Health Recommendation Bodies

Body	Scope	Role
<b>USPSTF</b>	Clinical preventive services, including screening, counseling, and preventive medications, for asymptomatic populations	Scientifically independent volunteer panel supported by AHRQ; issues graded recommendations informed by formal public deliberation process; recommendations shape clinical care and are tied to ACA coverage requirements
<b>WPSI</b>	Women’s preventive services, including contraception, screening, and counseling	Recommendations are developed by WPSI and adopted by HRSA to define women’s preventive services covered under the ACA; some public comment opportunities but not standardized
<b>Advisory Committee on Immunization Practices (ACIP)</b>	Vaccine recommendations across the lifespan	Federal advisory committee within CDC; recommendations are reviewed by the CDC Director and, when adopted, become official CDC recommendations and can trigger coverage requirements; develops recommendations through formal evidence appraisal and public meetings
<b>Community Preventive Services Task Force (CPSTF)</b>	Population- and community-level prevention, especially non-clinical interventions	Independent nonfederal panel supported by CDC; develops recommendations through systematic reviews of effectiveness and economic evidence, without a formal public comment process; recommendations are not tied to coverage mandates

### What can health leaders do to protect access to preventive services?

Follow the evidence – beginning with USPSTF Grade A and B recommendations in effect as of January 1, 2026. Where there is ambiguity or a lack of unified up-to-date recommendation, the Common Health Coalition will elevate sources of evidence-based recommendations from its partners to guide decisionmaker action.

- Payers including Medicaid: Affirm and maintain no-cost coverage for the evidence-based preventive services and clearly communicate policies.
- State and regional health leaders: Keep coverage and guidance grounded in evidence, coordinate across jurisdictions, and communicate clearly.
- Providers and health systems: Continue to deliver high quality, evidence based preventive care and advise against anything that may cause harm.