

May 27, 2026

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

Dear Secretary Kennedy:

On behalf of 60 organizations representing millions of patients with cancer, survivors, and people at risk of cancer, along with the providers that care for them, we are writing to convey the importance of the U.S. Preventive Services Task Force (USPSTF or Task Force) in the fight against cancer and ask for your support in protecting the scientific integrity of its work. This year, more than 2 million people<sup>1</sup> are expected to hear the words, “You have cancer.” The work of the Task Force in identifying evidence-based preventive services saves lives by preventing disease outright and detecting it at earlier stages, when treatment can be more effective and less invasive. USPSTF is fundamental to our country’s efforts to prevent and reduce the burden of cancer and other chronic diseases.

### **Importance to Reducing the Burden of Cancer**

USPSTF has an A or B recommendation for over 80 proven effective preventive services, including at least 16 preventive services related to cancer prevention and early detection. Cancer remains the second leading cause of death overall in the U.S., and the leading cause of death in people younger than 85.<sup>2</sup> Almost half of all cancer deaths could be prevented with access to proven prevention and early detection interventions.<sup>3</sup> Cancer prevention and screening interventions are estimated to have averted about 4.75 million deaths – or 8 of every 10 averted deaths – from breast, cervical, colorectal, lung, and prostate cancers between 1970 and 2020.<sup>4</sup> For colorectal and cervical cancers, screening can outright prevent cancer by detecting precancerous lesions that can be removed, lowering the risk of death from these cancers.<sup>5</sup>

USPSTF routinely updates existing recommendations and develop new ones based on new scientific evidence. Recommendations are currently in draft stage for a number of preventive services, including BRCA testing, cervical cancer screening, prostate cancer

---

<sup>1</sup> American Cancer Society. *Cancer Facts & Figures 2026*. Atlanta: American Cancer Society; 2026.

<sup>2</sup> Siegel RL, Kratzer TB, Wagle NS, Sung H, Jemal A. Cancer statistics, 2026. *CA Cancer J Clin*. 2026;e70043. doi:10.3322/caac.70043.

<sup>3</sup> American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2025-2026*.

<sup>4</sup> Goddard KAB, Feuer EJ, Mandelblatt JS, Meza R, Holford TR, Jeon J, et al. Estimation of Cancer Deaths Averted From Prevention, Screening, and Treatment Efforts, 1975-2020. *JAMA Oncol*. Feb 1 2025;11(2):162-167. doi:10.1001/jamaoncol.2024.5381.

<sup>5</sup> Cancer Facts & Figures 2026.

screening, tobacco cessation, and unhealthy alcohol use, all of which have direct implications for reducing cancer suffering and death. Additional recommendations, including colorectal cancer and lung cancer screening, will shortly be overdue. Prioritizing USPSTF's review and potential recommendations of the latest science will support consumers' access to proven preventive and life-saving services.

### **Impact of No-Cost Coverage**

USPSTF plays an integral role in making evidence-based recommendations that directly impact the availability of no-cost insurance coverage of preventive services, which aid in the prevention, early detection, and treatment of leading causes of death in the U.S. Any changes to USPSTF recommendations have a direct impact on insurance coverage of preventive services and associated out-of-pocket costs imposed on patients.

Federal law requires most health insurers and group health plans to cover USPSTF-recommended services that receive an "A" or "B" rating without cost sharing.<sup>6</sup> This translates into more than 150 million privately insured individuals, including 37 million children, as well as approximately 20 million adult Medicaid expansion enrollees and 61 million Medicare beneficiaries who have access to these lifesaving services without cost sharing.<sup>7</sup> In addition, several states have codified in their statute requirements that state-regulated health plans provide coverage of USPSTF-recommended services without cost sharing. Since the removal of cost sharing for USPSTF-recommended services, research has shown an increase in utilization of these services, helping to prevent disease outright, identify conditions early, and reduce the physical and financial burdens of treating chronic illnesses.<sup>8,9</sup> For example, aligned with USPSTF's A and B recommendations on colorectal cancer screening for certain adult populations, the federal requirement removed cost sharing for related cancer screenings. This led to increased screenings of eligible U.S. adults with lower incomes by 5.9% and with lower education by 7.2%.<sup>10</sup>

---

<sup>6</sup> 43 U.S.C. § 300gg-13.

<sup>7</sup> Office of Health Policy: Assistant Secretary for Planning and Evaluation, Access to Preventive Services without Cost-Sharing: Evidence from the Affordable Care Act, U.S. Dep't of Health and Hum. Serv. (Jan. 11, 2022). Available from <https://aspe.hhs.gov/sites/default/files/documents/786fa55a84e7e3833961933124d70dd2/preventive-services-ib-2022.pdf>.

<sup>8</sup> The Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update Panel, Liaisons, and Staff. (2008). A Clinical Practice Guideline for Treating Tobacco Use and Dependence: 2008 Update: A U.S. Public Health Service Report. *American Journal of Preventive Medicine*, 35(2), 158–176. <http://doi.org/10.1016/j.amepre.2008.04.009>.

<sup>9</sup> Han X, Robin Yabroff K, Guy GP, Zheng Z, Jemal A. Has recommended preventive service use increased after elimination of cost-sharing as part of the Affordable Care Act in the United States? *Prev Med*. 2015 Sep;78:85-91. doi: 10.1016/j.yjmed.2015.07.012.

<sup>10</sup> Fedewa SA, Goodman M, Flanders WD, Han X, Smith RA, Ward EM, Doubeni CA, Sauer AG, Jemal A. Elimination of cost-sharing and receipt of screening for colorectal and breast cancer. *Cancer*. 2015;121:3272–3280. doi:10.1002/cncr.29494.

### **Integrity of the Task Force**

USPSTF was created and designed to reduce the risk of disease and prevent premature death by guiding evidence-based preventive services in primary care settings. The Task Force recommendations to date have made critical strides to achieve these goals and USPSTF's leadership and integrity as the nation's scientific and evidence-based panel of experts on disease prevention remains critical to future disease prevention. It is imperative that millions of patients continue to have access to critical evidence-based preventive services with no cost sharing, following an A or B recommendation from USPSTF.

Equally as important is that the work and process of USPSTF continues the trust that primary care providers and other medical professionals have in using USPSTF as a resource for guiding clinical practice and the trust that patients put in medical professionals when they are counseled to utilize preventive services. Public confidence in science-driven medical and public health practices is critical to ensure people can understand their own risk and access preventive services that are effective in reducing that risk and preventing chronic diseases.

### **Conclusion**

Access to no-cost evidence-based preventive services saves lives. USPSTF's work supports the foundation of evidence-based care, insurance coverage standards, and clinicians' ability to deliver timely, appropriate, and life-saving preventive services. With a shared commitment to improving health and reducing the burden of cancer and other chronic diseases, we ask you to protect the scientific integrity and rigor along with patient access that USPSTF's evidence-based recommendations provide clinicians and patients.

Sincerely,

Alliance for Women's Health and Prevention  
American Association for Bronchology and Interventional Pulmonology (AABIP)  
American Association for Cancer Research  
American Cancer Society Cancer Action Network  
American College of Chest Physicians  
American Gastroenterological Association  
American Indian Cancer Foundation  
American Lung Association  
American Lung Cancer Screening Initiative  
American Society of Clinical Oncology  
American Society of Pediatric Hematology/Oncology  
Association of American Cancer Institutes  
Association of Pediatric Hematology Oncology Nurses  
Black Women's Health Imperative  
Byrd Cancer Education and Advocacy Foundation  
Cancer Support Community  
CancerCare

Check for a Lump  
Children's Brain Tumor Foundation  
Children's Cancer Cause  
Color of Gastrointestinal Illnesses  
Colorectal Cancer Alliance  
Debbie's Dream Foundation: Curing Stomach Cancer  
DenseBreast-info, Inc.  
Fight Colorectal Cancer  
Global Initiative Against HPV and Cervical Cancer (GIAHC)  
GO2 for Lung Cancer  
Head & Neck Cancer Alliance  
HealthyWomen  
Hematology/Oncology Pharmacy Association  
Hope for Stomach Cancer  
HPV Cancers Alliance  
International Society of Pediatric Oncology - North America  
Livestrong  
Living Beyond Breast Cancer  
LUNgevity Foundation  
Male Breast Cancer Global Alliance  
METAvivor: Metastatic Breast Cancer Research, Advocacy, and Support  
MIB Agents Osteosarcoma  
NAACP  
National Alliance of State Prostate Cancer Coalitions  
National Association of Pediatric Nurse Practitioners  
National Black Nurses Association  
National Comprehensive Cancer Network  
National Consumers League  
Oncology Nursing Society  
Pennsylvania Prostate Cancer Coalition (PPPC)  
Prevent Cancer Foundation  
Rally Foundation for Childhood Cancer Research  
Society for Immunotherapy of Cancer  
Stupid Cancer, Inc.  
Susan G. Komen  
The Andrew McDonough B+ Foundation  
The Balm In Gilead, Inc.  
The Cancer Network  
The Latino Cancer Institute  
The Society of Thoracic Surgeons  
Tigerlily Foundation  
Triage Cancer  
ZERO Prostate Cancer