

The Trump-Kennedy war on health care

HHS boss RFK Jr. abruptly cancels meeting of a critical US task force on preventive health

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On July 8, 2025, Health and Human Services Secretary Robert F. Kennedy Jr. abruptly canceled a scheduled meeting of the U.S. Preventive Services Task Force (USPSTF), just two days before it was set to occur. The move has raised alarm among healthcare professionals and organizations, who see it as possible political interference with the independent panel responsible for evidence-based preventive care guidelines. Many worry this signals a broader effort to dismantle the USPSTF, echoing Kennedy's earlier overhaul of the Advisory Committee on Immunization Practices (ACIP).

In response to these developments, a coalition of 104 medical and public health organizations penned an urgent letter to congressional leaders on July 9, 2025, expressing their deep concerns about the conduct of the Department of Health and Human Services (HHS) and its potential attacks on public health institutions.

The letter emphasized the critical need for congressional action, stating:

In the wake of the ruling in *Kennedy v. Braidwood*, which verified the constitutionality of the USPSTF and reemphasized the authority that has always existed for the Secretary of HHS to appoint and remove Task Force members at will, it is critical that Congress protects the integrity of the USPSTF from intentional or unintentional political interference. The loss of trustworthiness in the rigorous and nonpartisan work of the Task Force would devastate patients, hospital systems, and payers as misinformation creates barriers to accessing lifesaving and cost-effective care.

Pediatrician Dr. Aaron Carrol, president and CEO of AcademyHealth, warned that protecting USPSTF was “essential to maintaining public trust in its guidance.” He added, “Unfortunately, political interference, as we’ve seen in the last few weeks or months, and as we may see again, could undermine the task force’s vital role in improving health outcomes nationwide.”

The cancellation comes two weeks after the U.S. Supreme Court on June 27, 2025, issued a pivotal ruling in *Kennedy v. Braidwood Management, Inc.*, a case that challenged the constitutionality of the USPSTF and its legally binding recommendations.

In 2022, Braidwood Management Inc., a Christian-owned business, led a group of individuals and small businesses in suing over the requirement under the Affordable Care Act (ACA) to cover certain

preventive services—particularly pre-exposure prophylaxis for HIV prevention—arguing it violated their religious freedom. The plaintiffs also claimed that members of the U.S. Preventive Services Task Force (USPSTF) were “principal officers” under the Constitution, requiring presidential appointment and Senate confirmation due to their authority to issue coverage mandates.

A federal district court in Texas initially sided with the plaintiffs, ruling that USPSTF members were unconstitutionally appointed and blocking enforcement of their recommendations issued after March 2010. The Fifth Circuit upheld this finding but limited it to the named plaintiffs. However, the Supreme Court overturned both rulings in a 6–3 decision, holding that USPSTF members are “inferior officers” whose appointment by the HHS secretary complies with the Constitution’s Appointments Clause.

Originally established by HHS in 1984 as an independent expert panel, the USPSTF’s role evolved significantly over time. In 1999, Congress formally placed it under the Agency for Healthcare Research and Quality (AHRQ). The most significant change came with the 2010 ACA, which required most health plans to cover preventive services graded “A” or “B” by the Task Force without cost-sharing—extending no-cost access to critical services for more than 150 million Americans.

Although the Supreme Court upheld both the USPSTF’s recommendations and its constitutional structure, it underscored that the Task Force operates under the direct authority of the HHS Secretary. The Court emphasized the Secretary’s power to appoint and remove Task Force members at will, describing at-will removal as a “powerful tool for control.” It also highlighted the Secretary’s statutory authority to review, block, or delay Task Force recommendations before they take effect, including the ability to request revisions or replace members who do not comply.

While the Supreme Court preserved the USPSTF’s structure, its ruling effectively expanded the HHS secretary’s control over the Task Force. This has raised valid concerns among healthcare experts, especially in light of Secretary Kennedy’s decision last month to fire all 17 members of the ACIP and replace them with some individuals known for vaccine skepticism. The new panel’s controversial recommendations have only deepened fears that USPSTF could face a similar politicized overhaul.

The USPSTF is an independent panel of 16 volunteer health experts who evaluate scientific evidence on preventive health services—such as screenings, counseling, and medications. Their core mission is to recommend which services help people stay healthy and detect

diseases early. What sets the Task Force apart is its exclusive reliance on rigorous scientific evidence, intentionally excluding cost considerations to focus solely on health outcomes. This commitment has made it a trusted source for clinicians and policymakers alike.

The USPSTF uses a letter grade system—A, B, C, D, or I—to reflect the strength of evidence and the service’s overall benefit. Under the Affordable Care Act, preventive services rated “A” or “B” must be covered by most private insurance plans at no cost to patients. As a result, millions of Americans have access to services like cervical and colorectal cancer screenings, HIV prevention medication, depression screening, and counseling on nutrition and tobacco use.

Their process is methodical and transparent, often taking up to three years from topic nomination to final recommendation. Each recommendation goes through a detailed evidence review, public comment period, and peer input. When evidence is lacking, the Task Force issues an “I statement,” highlighting the need for further research. Supported by the Agency for Healthcare Research and Quality (AHRQ) and in collaboration with other public health bodies like the Community Preventive Services Task Force (CPSTF), USPSTF ensures its guidelines stay current and aligned with evolving scientific knowledge and public health priorities.

Despite its well-established role, the USPSTF faces challenges, including potential political interference that could undermine its scientific independence and impact patient access to no-cost preventive services.

Dozens of recommendations have earned an “A” or “B” grade, meaning they must be covered by most private insurance plans under the ACA. These include critical screenings for cancers—such as breast, cervical, colorectal, and lung (in high-risk individuals)—as well as mental health conditions like anxiety and depression in both adults and adolescents. The Task Force also supports screenings for infectious diseases, including HIV, hepatitis B and C, chlamydia, gonorrhea, and syphilis during pregnancy, along with chronic conditions like hypertension, gestational diabetes, prediabetes, and type 2 diabetes.

Other recommended screenings address intimate partner violence in reproductive-age women, latent tuberculosis, osteoporosis in postmenopausal women, and vision problems in young children.

Preventive medications with “A” or “B” grades include low-dose aspirin to prevent preeclampsia in high-risk pregnancies, risk-reducing drugs like tamoxifen for women at elevated risk of breast cancer, and pre-exposure prophylaxis for HIV prevention. The Task Force also recommends folic acid for those who are or may become pregnant and topical antibiotics for newborns to prevent gonococcal eye infections.

Behavioral counseling recommendations span a wide range of topics, including breastfeeding support for pregnant and postpartum women, healthy eating and physical activity to reduce cardiovascular risk, and healthy weight gain during pregnancy. Additional counseling is recommended for youth with high BMI, individuals at risk for STIs, those with high UV exposure risk for skin cancer, and anyone who uses tobacco.

Should these measures be reversed, the short and long-term consequences would be detrimental to the economy and to the well-being of the population. In the first three years, higher out-of-pocket costs for preventive services would suppress patient demand, leading to gaps in coverage and declines in disease/cancer detection and vaccination rates. This is projected to result in approximately \$19 billion in new federal, state, employer and patient costs.

Over the next five to ten years, rolling back access to preventive

care could have devastating health and economic consequences. Preventable illnesses may resurge, chronic disease rates would climb, labor productivity could decline, and insurance and government healthcare costs would soar. Projections estimate an additional \$150 billion in direct medical spending and \$70 billion in lost productivity over a decade. Rising rates of HIV and STI infections, unintended pregnancies, depression, obesity, and cancer would not only drive chronic illness but also lead to avoidable deaths and greater societal costs.

Any attempt by HHS Secretary Robert F. Kennedy Jr. to weaken the USPSTF or ACIP risks dismantling the scientific foundation of U.S. preventive care policy. These panels provide critical, evidence-based guidance that underpins no-cost coverage for over 150 million Americans. Undermining them would erode access to essential services, reintroduce co-pays and deductibles, and significantly reduce utilization—particularly among vulnerable populations.

The consequences would be swift and far-reaching. Childhood immunization rates could drop, threatening herd immunity and enabling the return of once-controlled diseases. Reduced cancer screenings would delay diagnoses, increasing both mortality and treatment costs. HIV prevention would suffer; each missed diagnosis can cost up to \$420,000 in lifetime treatment. Mental health services, already strained, would face further setbacks—exacerbating a crisis that costs the U.S. an estimated \$282 billion annually. Eliminating no-cost contraception access would also increase unintended pregnancies, with public costs exceeding \$12 billion per year.

While Trump/Kennedy apologists will point to short-term federal savings from eliminating preventive care coverage, the real cost will be measured in lives and livelihoods. Any marginal budget gains would be quickly erased by surging treatment expenses and lost productivity. Preventive services—such as childhood vaccines, which yield \$11 in savings for every \$1 invested—are among the most cost-effective tools in modern medicine. Dismantling them would offload billions in preventable costs onto Medicare, Medicaid, and private insurers, hastening the unraveling of a healthcare infrastructure already approaching its breaking point.

The stakes go far beyond economics. Gutting evidence-based panels like the USPSTF and ACIP is a direct assault on science-driven health policy. It threatens to reignite epidemics, delay cancer diagnoses, and cause spikes in preventable deaths from chronic illness, mental health conditions, infectious disease, and maternal complications. For millions of Americans, particularly the most vulnerable, this means losing access to lifesaving screenings, treatments, and counseling.

Politicizing these panels also risks destroying public trust built up over decades, driving away top scientific talent, and weakening the US contribution to global health innovation. The consequences would not just ripple but reverberate—through hospitals, research labs, communities, and families. This is not merely a policy shift; it’s a generational threat to the health, resilience, and scientific integrity of American society, and, by extension, will have significant impact on global health.



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