



FAQ

United States Preventive Services Task Force (USPSTF)

What is the USPSTF?

The U.S. Preventive Services Task Force (USPSTF or Task Force) is a volunteer panel of national experts in prevention and evidence-based medicine. The Task Force aims to improve the health of all Americans by making evidence-based [recommendations](#) about clinical preventive services such as screenings, counseling services, and preventive medications.

Who serves on the USPSTF?

The Task Force is made up of 16 volunteers with backgrounds in family medicine, pediatrics, behavioral health, geriatrics, obstetrics and gynecology, and nursing. While members are appointed by the Agency for Health Research & Quality (AHRQ), a government agency within the Department of Health & Human Services, the Task Force itself is not an official government body. A list of current Task Force members and their bios can be found [here](#).

How does the USPSTF make its recommendations?

The Task Force makes recommendations based on an analysis of existing peer-reviewed evidence. The USPSTF then assigns each recommendation a letter grade (an A, B, C, or D grade or an I statement) based on the strength of the evidence and the balance of respective benefits and harms of a preventive service. The recommendations apply only to people who have no signs or symptoms of the specific disease or condition under evaluation, and the recommendations only address services offered in the primary care setting or services referred by a primary care clinician.

Where can I find the USPSTF 2017 draft recommendations on cervical cancer screening?

The draft recommendations are posted on the USPSTF website and can be accessed [here](#).

What do the letter grades mean?

USPSTF Grade	USPSTF Definition	USPSTF Suggestions for Clinical Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.

B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of the USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Do USPSTF recommendations influence insurance coverage?

Under the Affordable Care Act, insurers are required to cover any services that are recommended by the USPSTF with a grade of A or B with no deductible and no co-pay.

What do these recommendations mean for clinical practice?

Any finalized guidelines would be intended to provide clinicians with evidence-based recommendations so they can make informed choices about the care patients receive. Draft recommendations should not guide clinical practice.

Does Congress or the President have any oversight over these recommendations?

No. Any recommendations distributed by the USPSTF are independent of the U.S. government. They do not represent the position of the AHRQ, HHS or any other part of the administration. However, when clinicians have disagreed with the recommendations in the past, Congress has introduced bills that delay the implementation of the recommendations until concerns can be better addressed.