

Kentucky Ambulatory Network

Research. Collaborate. Transform.

Summer Strategic Planning: Director's Message

Hello KAN!

This newsletter is just one way that KAN can help keep you informed of all we do and can do for our KAN membership. Thank you for reading!

In this edition, we spotlight our longtime friend and board member, Gerry Stover. We also welcome new board member Elisabeth Volpert. Board development (maintaining board representation from across family medicine professionals who practice, teach, and work in administrative or research, quality improvement areas) is one part of our strategic planning that we have been engaged in in recent months! Others include:

Updated procedures to tackle administrative needs

- Streamlining membership for our online presence and initiating Salesforce as a tracking mechanism.

Created a memorandum of understanding

- The MUA was developed to address a need to clarify KAN's role and expectations in grant funded initiatives to promote sustainability of our efforts.

Provided pathways to primary care research for trainees

- To better foster the next generation of clinician-researchers, KAN initiated for Trainee Board Positions on the KAN Board.

And speaking of making strategic plans!: At the end of this newsletter, we have included the most recent update from Nina DeJonghe (Director, Government Relations, Council of Academic Family Medicine). The update provides an excellent overview of the "One Big Beautiful Bill Act" across multiple areas of interest to our KAN members as they and their organizations work to strategize their efforts to be responsive to these changes.

Thank you for being part of the Kentucky Ambulatory Network.

KAN Board Updates

Our KAN Board is an interdisciplinary team made up of eight professional members and one trainee member. The board screens all research collaboration requests to evaluate their benefit and utility to primary care providers. KAN does not impose a fixed limit on the size of our board and is **always eager to welcome new members** who share our commitment to research and collaboration. We are actively seeking 3 more 'trainee' board members (upper class medical students or residents) to broaden KAN's reach to young professionals!

Our longest-serving board member, Gerry Stover, joined soon after its creation in 2000 and has been an integral part of KAN, demonstrating the commitment and dedication that define our leadership. While Gerrys absence will be felt in our board, we are wishing him the very best as he enjoys his Retirement. Please read a bit more about Gerry's journey in primary care in the below section.



Spotlight: Gerry Stover

Drawing from insights into his extensive career, this spotlight illuminates the impactful journey of Gerry, a dedicated advocate for primary care, particularly through his work with KAN. Born and raised in West Virginia, Gerry initially pursued a military path but found it wasn't the right fit.

A pivotal life event steered him towards healthcare. While expecting a child and lacking health insurance, he took an unfavorable job. Once born, his daughter received prenatal care through family medicine before unfortunately passing away. Gerry detailed the support and conversations with Family and Internal Medicine staff as leaving a "lasting impression". This experience solidified his desire to enter medicine, specifically primary care.

He moved into healthcare administration, starting as an Assistant Administrator at a medical school, where he worked closely with family medicine and taught administration to residents. **For close to 15 years, Gerry served as the Executive Director of a community health center in Lincoln County, WV.** This rural health center [RHC] allowed him to collaborate closely with the medical school, establishing rural residency programs, a school-based clinic, and conducting research, particularly in geriatrics. Under his leadership, the practice won an outstanding award in 1990.

Spotlight: Continued

Gerry's connection with KAN began at its inception with inaugural director, Dr. Kevin Pearce. His background in managing the community health center, his involvement in epidemiology programs, and research conducted in Lincoln County provided a strong foundation. One of his first major KAN projects was the "paid FOR performance" initiative, which helped practices prepare for Medicare performance models. He was also instrumental in recruiting clinics and physicians to participate in KAN activities related to UK's CCTS funding, offering CME.



Throughout his involvement, Gerry has been a staunch advocate for practice-based research that is practical and integrated into clinical workflows. He sees his role as "bringing people down to the real world", acknowledging the challenges practices face, like electronic health records [EHRs] and administrative burdens. His core philosophy is constantly asking, "what is in it for the guy on the ground?" – ensuring value for physicians, receptionists, and data personnel. He strongly believes in celebrating and acknowledging the contributions of these frontline individuals to research. Throughout his career, he found fulfillment in "growing young men and women into leaders".

Looking ahead, Gerry views medical students as KAN's "next hope". He notes changes in medical education, making **KAN's activities vital for students seeking residency competitiveness. He identifies the fight against administrative burden and challenging EHR systems as a critical area for KAN's involvement.** As he approaches retirement, Gerry plans to pursue interests outside healthcare, including scouting ecology work and his



[Chapter Exec Fulfilled Commitment to Give Back to Family Medicine | Inside the Academy](#)

passion for entomology, specifically moths and butterflies. **Gerry's journey highlights resilience, a deep commitment to primary care, practical advocacy, and a dedication to fostering future leaders. We thank him for his many years of dedicated service to KAN and the communities he served.**

University of Louisville

Establishing KAN's Partnership with UofL

KAN is thrilled to gain a greater presence with the family medicine program at U of Louisville. In addition to our new board member (below), KAN now meets regularly to explore opportunities with Dr. J. Huang, Assoc. Dean for research and PI of U of L's own newly awarded Center for Clinical and Translational Science, to strengthen the PBRN presence in our Western areas of the state where KAN is underrepresented.

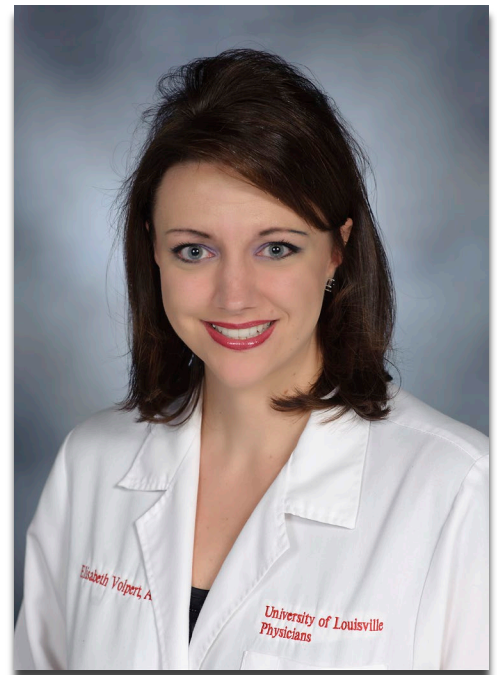
Meet our New Board Member!

Elisabeth Volpert, DNP

Dr. Elisabeth Volpert, DNP, APRN, FNP-C, FAANP, is a distinguished Family Nurse Practitioner and Associate Professor at the University of Louisville School of Nursing. She earned her BSN (2004), MSN (2008), and DNP (2018) from the University of Louisville. With extensive experience teaching primary care courses, she currently instructs on the Business of Healthcare and Healthcare Finance in the university's Doctoral Nursing Program. As the School of Nursing's DNP Project Coordinator, Dr. Volpert expertly guides Doctor of Nursing Practice students through their DNP project development and implementation, ensuring they meet program requirements and achieve their research goals.

For over sixteen years, she has independently managed a large, established family medicine practice at the University of Louisville. Dr. Volpert has presented numerous primary care case studies at state and national conferences. She has implemented several quality improvement projects that span various areas, including diabetes, hypertension, hyperlipidemia, prediabetes, mycoplasma and urea plasma, reimbursement, clinical assessment, and laboratory protocols.

Driven by a commitment to excellence, Dr. Volpert empowers fellow healthcare providers to identify and implement quality improvement initiatives tailored to their primary care practices. She fosters a collaborative environment, enhances patient outcomes, and streamlines processes, ensuring that every provider can deliver the highest standard of care.



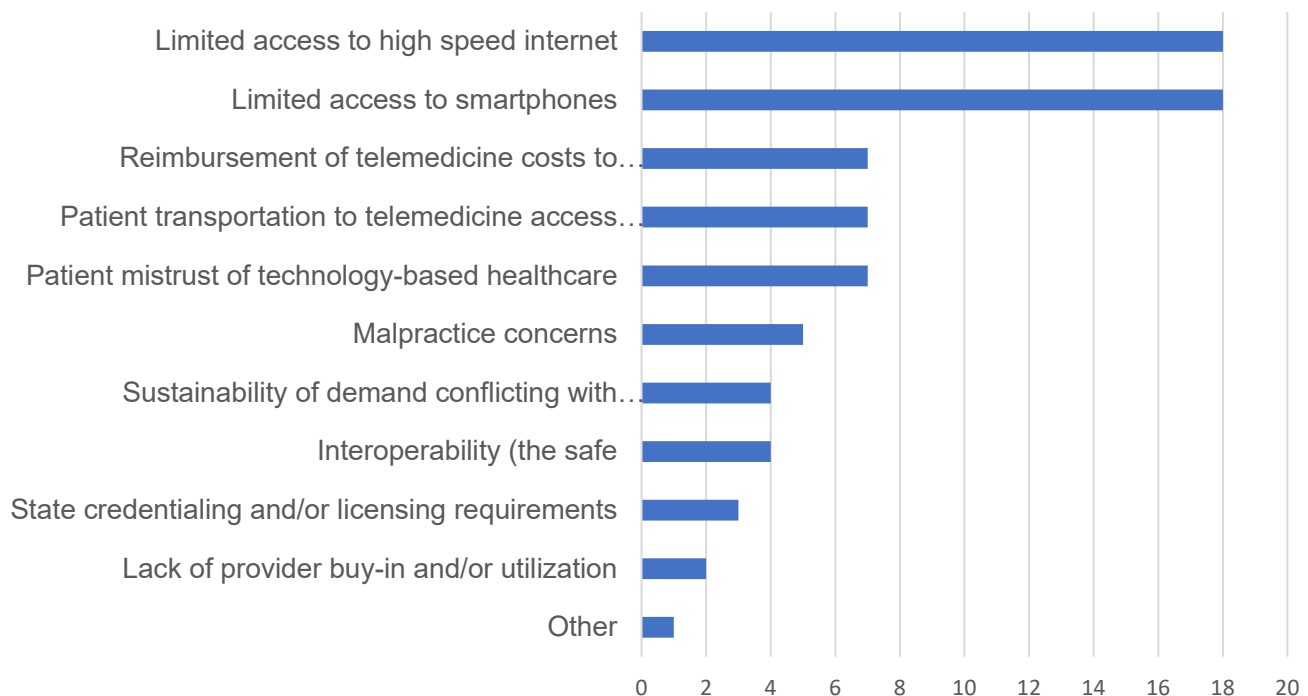
Hot off the Press

KAN members **interested in telehealth** might find a recent article in the journal of the Kentucky Academy of Family Physicians of interest.

Dr. Key Douthitt of UK's North Fork Valley residency in Hazard and KL Roper (KAN director) present their findings in the Summer 2025 issue:

<https://www.kafp.org/journal>

In the article, titled “Mixed Method Evaluation of a Rural Residency Telehealth Training Curriculum”, resident physicians in the Hazard program evaluated telehealth-specific training and their attitudes and competencies for its use. Among the findings, residents identified the following as primary barriers to TH in Rural Appalachia (shown is # who chose each from a list).



“I feel like I didn’t do anything to manage the patient care for them. It feels like I’m just putting band-aids on things until they get here in person.” – 3rd Year Resident

In qualitative interviews, residents endorsed gaining greater confidence in telehealth but remained concerned for its quality and safety – especially with higher risk patients. While reporting that patient satisfaction with the service is high, there is concern for overreliance on telehealth upon by some patients. Residents found that establishing firm guidelines (e.g. expectations of the appointments) was important.

Addiction Specialist Council of Kentucky [ASK]

Do you treat people who use drugs? Your perspective is highly valued and can help researchers. Consider joining the newly formed ASK council!



The ASK will meet by teleconference quarterly to gather real-world perspectives and the advice of clinical and other service professionals who provide for individuals with substance use needs. The KAN director, Karen Roper, is forming this group to provide practice-based advice and guidance to research groups in the development, design, conduct and/or implementation of their studies or quality initiatives. Primary Care representation is needed!

You would join a group with a diverse range of specialties and practice settings across Kentucky (Outpatient and Syringe Services professionals, HSPs who work in recovery housing, Recovery Coaches, etc), helping to assure that the viewpoints and needs that exist outside of research centers and academic medicine are used to inform the approach of those who seek the unique expertise of the ASK council.

RESEARCHERS: To the KAN member researchers reading this, please consider how the ASK council could help your next grant application, your next publication, your next idea. We are taking requests to meet with the ASK right now! Submit your request at: <https://redcap.uky.edu/redcap/surveys/?s=YFP9LNY93JRPL44L>

A flyer is also included in this newsletter below. Please share widely with other research units!

Funding for the time of ASK Council members is provided by the Substance Use Priority Area group within the University of Kentucky. This ensures that their time is **FREE TO RESEARCHERS**. Find out more by emailing karen.roper@uky.edu.

Upcoming Conference: Come See Us!

KAN will participate as an exhibitor at the upcoming (Aug 14 & 15) Rural Health Clinic Summit.

We hope any attendees among our KAN membership will stop by!



Lisa Lee, Kentucky Department for Medicaid Services Commissioner and Nathan Baugh, Exec. Director at National Association of Rural Health Clinics are Keynote speakers. Info and registration at: [2025 Kentucky RHC Summit Registration](#)

KAN Membership

Share these links!

Please select at least one from the table below.

Disease States:	General topics and initiatives of interest:
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Research opportunities for residents and medical students
<input type="checkbox"/> Depression	<input type="checkbox"/> Career path of physicians
<input type="checkbox"/> Heart Failure	<input type="checkbox"/> Impact of education path of health professionals on quality of care
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Work flow in large versus small practices
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Health policy
<input type="checkbox"/> Menopause	<input type="checkbox"/> Epidemiology and natural history
<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Screening/prevention and health promotion
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Communication and Compliance
<input type="checkbox"/> Cancer	<input type="checkbox"/> Coordination of care
<input type="checkbox"/> Dementia	<input type="checkbox"/> Health literacy
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Lung disease	<input type="checkbox"/> Oral Health
<input type="checkbox"/>	<input type="checkbox"/> Fitness
<input type="checkbox"/> Osteoporosis/osteopenia	<input type="checkbox"/> Medication management/monitoring/adherence
<input type="checkbox"/> Opioid/Substance Abuse/Treatment	<input type="checkbox"/> Medication-assisted treatment (MAT) in primary care
<input type="checkbox"/> Infectious Diseases	<input type="checkbox"/> Rural health
<input type="checkbox"/> Marfan Syndrome	<input type="checkbox"/> Social determinants of health care gaps
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Population health
<input type="checkbox"/> Obesity/Comorbidities	<input type="checkbox"/> Minority Health
<input type="checkbox"/> Other	<input type="checkbox"/> Telemedicine
	<input type="checkbox"/> Other
	<input type="checkbox"/> mobile health
	<input type="checkbox"/> smoking
	<input type="checkbox"/> Dissemination and Implementation



If you are a member and have not yet completed our Organizational Members Form, **Please Scan the QR code above (or click the [link](#)!)**. This form gives KAN crucial data about our members and their **interest areas**.

This helps us be more responsive to your needs! As KAN is made aware of studies, we will be better able to suggest applicable research to you! Thank you in advance for completing the form if you have not already!

Join our LinkedIn Groups!

The LinkedIn Groups intend to allow members to continue connections/ collaborations through discussions, polls, opportunities for research, CEU’S and to keep members up to date on KAN events. Please note, research opportunities will be posted exclusively on the private research group.



[Public](#) Group



[Private](#) Group

CE Opportunities



LOOK NO FURTHER FOR ON-DEMAND CE!

To access **FREE CE Courses**, scan or click link!

[NEKYAHEC-CONTINUING-EDUCATION.THINKIFIC.COM](https://nekyahcec-continuing-education.thinkific.com)

AVAILABLE CE:

- PART ONE: CANNABIS EDUCATION HOUR
- PART TWO: MEDICINAL CANNABIS IN KY: QUALIFYING CONDITIONS
- PART THREE: PHARMACOLOGY OF CANNABIS

TO OBTAIN YOUR CEU CERTIFICATE, YOU MUST:

- ✓ WATCH THE ENTIRE VIDEO
- ✓ COMPLETE THE QUIZ WITH A PASSING GRADE OF 90%
** BOTH VIDEO AND QUIZ ARE LOCATED IN THINKIFIC
- ✓ COMPLETE THE JOTFORM EVALUATION
**JOTFORM EVALUATION LINK IS LOCATED IN THE TEXT BELOW VIDEO

Credit Available: CME, CNE, & ACPE

THINKIFIC **NORTHEAST AHEC**

THIS ENDURING MATERIAL IS INTENDED FOR PHYSICIANS, NURSES, PHARMACISTS, AND ANY OTHER INTERESTED HEALTH PROFESSIONALS. FOR MORE INFORMATION, CONTACT MEGAN MCNEAL AT 606.783.7578 OR MEGAN.MCNEAL@ST-CLAIRE.ORG.

Did you know that the Northeast AHEC's Continuing Education division has an on-demand library of virtual activities? This makes it possible for you to obtain CEUs from the comfort of your home! We have three sessions currently available, with more to come! nekyahcec-continuing-education.thinkific.com



Make Better Choices 2

If you live in Eastern Kentucky, researchers at the University of Kentucky invite you to participate in a free healthy living study. Make Better Choices 2 (MBC2) employs technology to help you eat better, sleep better, relax more, and move more. MBC2 brings an innovative new program, which may improve health, to Eastern Kentucky.

Study participants will:

- Use a new health app and a Fitbit to track health behaviors
- Work with trained health coaches
- Receive \$ incentives for meeting goals

You may be eligible to participate if you:

- Are 18 years or older
- Are willing to participate in 3 health checks at a location convenient to you. Options include our study office in Benham, St. Claire Regional Medical Center in Morehead, UK Health Care in Lexington, and your local provider.

To learn more visit our website at
MakeBetterChoices2.com or scan this QR code:



For more information
Deanna Sherman
makebetterchoices2@uky.edu
MakeBetterChoices2.com

THINKING ABOUT DRINKING LESS?

SO ARE WE. THINK ABOUT JOINING
OUR ALCOHOL RESEARCH STUDY.

We are looking for people who drink alcohol excessively and are interested in cutting down or even quitting.

Eligible participants will be at least 18 years old for this remotely-delivered experimental treatment study. The amount of time you will be asked to volunteer for this study spans approximately 15 months and requires two visits to our research facility.

Qualified participants will be compensated for their participation. Travel expenses may be reimbursed.

STRICTLY CONFIDENTIAL!

To see if you may be eligible, you can screen online:

<https://bit.ly/2Q2dZca> **OR**

<https://redcap.uky.edu/redcap/surveys/?s=4CDJCAAE4A>



healthful
THE healthier futures lab

Monday – Friday 9 am – 5 pm
[Extended hours available
by appointment]

UK Healthcare
Turfland Clinic
2195 Harrodsburg Rd., Suite 125
Lexington, KY 40504

FOR MORE INFORMATION
Call, Text, or Email
859-533-2749
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CAFM July Update

Congressional Activity

Medicaid

Congress passed and the President signed into law on July 4th the One Big Beautiful Bill Act (OBBA). The [Congressional Budget Office](#) estimates that the Senate version of the bill, which was ultimately adopted, would cut Medicaid by \$930 billion over 10 years and will increase the number of [uninsured Americans by 11.8 million in 2034](#). This is largely accomplished by stricter work requirements that will increase the administrative burden on current Medicaid recipients, limits on Medicaid expansion populations, and reductions in provider taxes. These provisions are likely to reduce Medicaid enrollment and reimbursement levels which could lead to additional hardship on rural health providers.

Rural Health Transformation Program

To address rural healthcare challenges, Section 71401 of the OBBA establishes the Rural Health Transformation Program—a five-year, \$50 billion grant initiative administered by CMS. From 2026 to 2030, states will receive \$10 billion annually without needing to provide matching funds. To participate, states must submit transformation plans by December 31, 2025, detailing strategies to improve access, strengthen the workforce, enhance technology, build partnerships, and support hospital solvency. All states receive baseline funding, with additional resources allocated based on rural demographics and facility needs.

CMS has broad authority over how funds are allocated and monitored under the Rural Health Transformation Program. According to a Manatt–NRHA [analysis](#), while the program provides time-limited support, the Medicaid cuts it attempts to offset are permanent. The funding is not limited to hospitals—it's available to a wide range of providers in all states. However, there are concerns that some recipients may not meet meaningful rural health criteria. Applications are due by December 31, 2025.

Below are further details about the program allotments:

- CMS will allocate 50% of funding equally among approved states and 50% based on rural population metrics and facility counts
- At least one-fourth of states must receive funding based on:
 - Percentage of population in rural census areas
 - Proportion of rural health facilities relative to national totals
 - Number of “deemed disproportionate share” hospitals
 - Other factors determined by the CMS Administrator
- Program activities include:
 - Promoting evidence-based, measurable interventions for prevention and chronic disease management
 - Recruiting and retaining a rural clinical workforce with a minimum five-year service commitment
 - Supporting other rural health priorities

Student Loans

The OBBA includes major reforms to student financing that will impact students. Beginning in 2026, it eliminates Graduate and Professional PLUS Loans, imposes annual and lifetime borrowing caps for professional students, and alters both Public Service Loan Forgiveness and income-driven repayment plans. The legislation also ties program eligibility to graduate earnings, potentially putting some medical education programs at risk of losing federal aid. These changes could limit access to medical education and influence the future composition of the physician workforce.

Grad PLUS Loan Program

- Eliminated – Starting July 1, 2026
- Students with Grad PLUS loans for their current program as of July 1, 2026 retain eligibility for up to 3 years.

Federal Professional Loan Borrowing Caps – Starting July 1, 2026

- Sets medical student professional loan limits at \$50,000 annual, \$200,000 lifetime
- House set caps at \$150,000, original Senate proposal at \$135,000
- Students enrolled before July 1, 2026 with existing loans are grandfathered in for up to 3 years

Institutional Accountability/ Risk Sharing – Starting July 1, 2026

- Established an accountability formula assessing the earnings of graduates 4 years after program completion, regardless of the credential level

PSLF Eligibility for Residency

- Maintained time served in a medical residency program as counting towards PSLF

Loan Interest Deferment for Medical Residents

- House bill paused student loan interest accrual during the first four years of program completion; the Senate version didn't include this provision.

Medicare Physician Fee Schedule

The OBBA includes an increase to the Medicare Physician Fee Schedule, providing a 2.5% payment boost for calendar year 2026. This increase only applies for the calendar year 2026 and is not a long-term fix. A Kaiser Family Foundation summary of the health impacts of the OBBA can be found [here](#).

Congressional Activities Beyond the OBBA

THCGME Letter

The Teaching Health Center Graduate Medical Education (THCGME) Coalition continues to engage Congress on reauthorization priorities and has emphasized the need for higher annual funding than what was proposed in the near-passed December 2024 continuing resolution (CR). While congressional staff acknowledged the September 30th funding deadline, they indicated that reauthorization efforts remain in the early stages and are largely dependent on decisions from Congressional leadership. Given current dynamics and how the Senate is operating, it appears unlikely that a stand-alone Senate bill will be introduced.

The THCGME Coalition recently sent a letter, signed by CAFM, urging the Senate HELP Committee to reauthorize the THCGME program that includes the requisite funding increase. Read the letter [here](#).

On July 16, the House Energy and Commerce Health Subcommittee held a legislative hearing on rural health bills titled, "Legislative Proposals to Maintain and Improve the Public Health Workforce, Rural Health, and Over-the-Counter Medicines." The hearing [memo](#), which includes a reference to a draft Title VII reauthorization, is available here. We submitted suggested questions to a committee member ahead of the hearing.

HHS Secretary Testifies Before House Subcommittee on FY26 Budget

On June 24, the House Energy and Commerce Health Subcommittee held a [hearing](#) on President Donald Trump's FY 2026 budget request for the Department of Health and Human Services (HHS), where HHS Secretary Robert F. Kennedy Jr. testified.

Throughout the hearing, several members raised concerns about proposed cuts to the National Institutes of Health (NIH) and broader implications for the research community. In her opening statement, Subcommittee Ranking Member Diana DeGette (D-CO) highlighted fears about the impact of “current research cancellations and reductions in force at HHS.” Full Committee Ranking Member Frank Pallone (D-NJ) echoed these concerns, stating, “the Trump administration cut nearly \$3.8 billion in grants from the [NIH], creating extreme uncertainty for medical researchers across the country and threatening future medical innovation.”

Members also pressed Secretary Kennedy on rural health access and the department’s proposed reorganization. He emphasized HHS efforts to prioritize families lacking access to primary care in rural areas, pointing to innovations in telemedicine and artificial intelligence. Rep.

Mariannette Miller-Meeke, MD (R-IA), asked how the reorganization would invest in rural America. Rep. Lori Trahan (D-MA) warned that OBBA’s Medicaid cuts could create a “perfect storm for hospital closures” in rural communities.

Congress Approves \$9 Billion Rescissions Package in Late-Night Vote

Just after midnight on Friday, Congress passed a \$9 billion rescissions package that includes 21 budget authority cuts and now heads to President Trump for signature.

The measure rescinds funds from a range of agencies and programs, including the Corporation for Public Broadcasting, the Department of State, USAID, the U.S. Institute of Peace, and other international assistance efforts. The cuts mirror President Trump’s May 28 rescissions request, which originally proposed \$9.4 billion in budget authority reductions

The House expedited the process by combining the final passage with a procedural vote. The measure was approved by a narrow margin, passing largely along party lines with a 216–213 vote. Republican Representatives Mike Turner (OH) and Brian Fitzpatrick (PA) were the only members of their party to vote against it.

In a [press release](#), Senate Finance Committee Ranking Member Ron Wyden (D-OR) criticized HHS Secretary Kennedy for removing all 17 vaccine experts from the Advisory Committee on Immunization Practices (ACIP) and appointing replacements who may have significant conflicts of interest. Wyden pointed to the move as contradictory to Secretary Kennedy’s earlier pledge during a Finance Committee hearing to “do nothing that makes it difficult or discourages people from taking vaccines.”

CDC Nominee Approved by HELP Committee

The Senate Committee on Health, Education, Labor and Pensions (HELP) voted to advance Susan Monarez's nomination as director of the Centers for Disease Control and Prevention (CDC) on Wednesday. The panel voted along party lines 12-11. Monarez is the first CDC director nominee to require a Senate confirmation after Congress passed a law requiring it in 2022.

Administrative Activity

Stakeholders Weigh in with Concerns on USPSTF

On July 1, stakeholders sent a [letter](#) signed by 104 health organizations, including CAFM, urging Secretary Kennedy to protect the integrity of the United States Preventive Services Task Force (USPSTF), supported by the Agency for Healthcare Research and Quality (AHRQ). Since 1984, the USPSTF has employed rigorous methodologies and significant public input to formulate recommendations based on research, data, and evidence.

CMS Fee Schedule Published

On July 14, CMS released the proposed [Medicare Physician Fee Schedule](#) (PFS) for calendar year 2026. The rule aims to strengthen primary care through new quality measures, curb wasteful spending on skin substitutes, and launch a new payment model focused on chronic disease management. CAFM is reviewing the proposal and will likely join other stakeholders in submitting a comment letter during the 60-day public comment period.

OSTP Issues Guidance on Science Standards

On June 23, the Office of Science and Technology Policy (OSTP) released a [memo](#) outlining guidance for implementing [Executive Order \(EO\) 14303](#), “Restoring Gold Standard Science.” The memo, directed to federal department and agency heads, defines the EO’s core principles and instructs agencies to adopt them while minimizing administrative burden by leveraging tools like AI and other technologies. Agencies are required to submit implementation reports to OSTP and post them publicly by August 22, 2025. Starting in 2026, annual reports will be due by September 1.

Additional Advocacy Items

Nearly 8 million Student-Loan Borrowers Charged for Interest

The U.S. Department of Education announced it will begin [charging interest on federal student loans](#) for approximately 7.7 million borrowers enrolled in the SAVE (Saving on a Valuable

Education) repayment plan, following a court decision that blocked the program. The change, detailed in a July 9th press release, will take effect on **August 1**.

The SAVE plan, launched by the Biden administration, was designed to ease repayment burdens, allowing borrowers to make zero-dollar monthly payments and offering debt forgiveness after a maximum of 25 years. However, the program faced swift legal challenges from a coalition of Republican-led states, and an appeals court ultimately paused its implementation.

While legal proceedings continue, borrowers had been shielded from making payments or accruing interest, until now. The Education Department's latest move signals a shift as the court battle over student debt relief efforts plays out.

Supreme Court Rule on USPSTF

In [*Kennedy v. Braidwood Management*](#), the Supreme Court upheld the authority of the U.S. Preventive Services Task Force (USPSTF) to determine which preventive services must be covered by health insurance without cost-sharing. The Court also affirmed the HHS Secretary's power to appoint or remove USPSTF members and modify or withdraw its recommendations.

Experts view the decision as mixed: it maintains the independent, evidence-based process for recommending preventive services and preserves required coverage, but it also grants Secretary Kennedy expanded control over preventive health policy—raising concerns given his recent actions targeting other advisory bodies like ACIP.