BY TAHRA JOHNSON

"Legislators want to be sure that our children's health programs are effective. As we designed and implement hawk-i, it has been important for us to incorporate guidelines, such as Bright Futures, that emphasize coordinated care, family involvement and support for practitioners."

—Senator Amanda Ragan, Assistant Senate Majority Leader, Iowa

State governments provide health coverage for millions of children through their Medicaid and Children’s Health Insurance Programs (CHIP). Providing cost-effective screening and treatment services saves states money and promotes healthy children.

Infant, children and adolescent health needs include well-child visits, vaccinations and developmental screenings. Well-child visits offer an important opportunity for physicians to identify and treat problems earlier, yet only about 31 percent of children between 10 months and age 5 received recommended developmental screenings during these visits in 2011-2012.\(^1\) In 2013, 91 percent of insured children regularly saw their pediatrician, compared to 68 percent of uninsured children.\(^2\) States have explored strategies to most effectively use these doctor-patient visits, which reach most children. Among the strategies, a program called Bright Futures offers a blueprint for physicians to follow as they administer key social, behavioral and developmental screenings. Detecting and preventing problems early can avert the need for later, more expensive treatment for identified conditions. Bright Futures also recognizes the critical role of families in promoting children’s health as partners in their care.\(^3\)

"Bright Futures is a national health promotion and disease prevention initiative that addresses children’s health needs in the context of family and community. In addition to use in pediatric practice, many states implement Bright Futures principles, guidelines and tools to strengthen the connections between state and local programs, pediatric primary care, families, and local communities."

—American Academy of Pediatrics
The federal Health Resources and Services Administration (HRSA) initially established Bright Futures in 1990 to improve the standard of care for children and adolescents. Since 2002, the American Academy of Pediatrics (AAP) has overseen development and dissemination of these guidelines. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents provides pediatric care providers and families with tools for evidence-based care for children from birth to age 21. The Bright Futures guidelines are of interest to state and local governments because they can help improve children’s health and may provide a return on state investment in health care costs. The Affordable Care Act (ACA) requires private health insurance plans to cover Bright Futures screenings and services. Most state Medicaid agencies also incorporate these guidelines into children’s preventive services.

The ACA also requires all group health plans, health insurance plans offered in the exchanges, and all non-grandfathered plans outside the exchanges to cover all preventive services recommended for children in the Bright Futures periodicity schedule at each visit without cost sharing. The ACA requires health plans to cover, at no cost, a range of well-visit services, including immunizations, preventive care and screenings. The requirement does not apply to Medicaid plans; however, many state Medicaid programs use Bright Futures as the standard of care and cover the recommended preventive services.

### Bright Futures Guidelines Promote:

- Child Development
- Mental Health
- Healthy Weight
- Healthy Nutrition
- Physical Activity
- Oral Health
- Family Support
- Healthy Sexual Development
- Safety and Injury Prevention
- Community Relationships and Resources

To help insurers, regulators, lawmakers and other stakeholders better understand the preventive care screenings and services recommended at each Bright Futures preventive care visit, the American Academy of Pediatrics has created Achieving Bright Futures (www.aap.org/AchievingBrightFutures). This series of documents provides detailed information—including recommended services, the appro-
appropriate billing codes used for these services and additional recommendations—for each Bright Futures visit. Achieving Bright Futures can help stakeholders gain a better understanding of the Bright Futures periodicity schedule recommendations.

How States Are Using Bright Futures
States use Bright Futures guidelines to strengthen children’s health programs and policies. Policymakers in both the legislative and executive branches of state government have used Bright Futures guidelines to design public policies and programs. For example, at least 25 states require physicians to use—and reimburse them for using—Bright Futures guidelines for Medicaid’s benefit package of services for children, the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. Other states require providers to follow Bright Futures’ recommendations for school physicals. According to the Washington State Institute for Public Policy, approximately 21 state EPSDT programs cover the recommended 30-month visit (which was added in 2008), and approximately 40 states cover annual visits for older children.

Washington
The Washington State Department of Health partnered with the University of Washington (UW) in 2000 to develop pilot projects to improve children’s health. This relationship created an opportunity for UW to incorporate Bright Futures into its training programs and curriculum for nursing, medical and other health professional training programs. Washington includes Bright Futures as a part of the Title V (federal Maternal and Child Health Services block grant) needs assessment measures for the state. The Department of Health, in conjunction with pediatric providers, also used Bright Futures to improve the EPS-DT services for young children (birth to age 5), covering most well-child visits. In 2012, the Washington Legislature directed the Washington State Institute for Public Policy to assess the costs and benefits of implementing the Bright Futures guidelines, specifically well-child visits at age 30 months; annual instead of biennial visits for children over age 6; developmental screens at 9, 18 and 24-30 months; and autism screens at 18 and 24 months.

Prevalence of Developmental or Behavioral Disabilities in the United States
- According to a Policylab study conducted by the Children’s Hospital of Philadelphia, between 10 percent and 13 percent of infants and toddlers experience developmental delays.
- The CDC indicates that approximately one in 68 children has been identified with Autism Spectrum Disorder.

According to the Senate Bill Report 5317, the research indicates that fewer than half of children with developmental delays are identified before they start school, and roughly half of children with autism spectrum disorder are diagnosed only after they enter school. By then, significant delays may have occurred and opportunities for treatment may have been missed. As a result of the study, lawmakers passed a bill in 2015 (Wash. H 1365/Wash. S 5317), signed by the governor in June, to require universal screening and provider payment for autism and developmental delays for children in Medicaid programs; these were not previously covered in the state’s EPSDT program.

Virginia
Policymakers in Virginia have used Bright Futures guidelines to set EPSDT program services in Medicaid and determine requirements for school physicals. According to the Virginia Department of Health, many of Virginia’s child health care policies are based on Bright Futures guidelines. The Virginia Department of Health partnered with James Madison University and AAP to create the active Healthy Futures VA website (www.healthyfuturesva.com/aboutfh.html), an online version of Bright Futures. This website, which includes videos and health information, is targeted to families, community members, child
care providers and physicians, among others. The age specific topics include, but are not limited to:

- Newborn care
- Parental support
- Breastfeeding
- School readiness
- Home safety

**Iowa**

Iowa’s Children’s Health Insurance Program (CHIP), known as hawk-i, covers uninsured children of working families in Iowa. The program works on a sliding scale, where families may pay up to $40 for children’s health care coverage or up to $20 for dental-only coverage each month. The hawk-i governing board consists of four public members appointed by the governor, three directors of state agencies and four ex-officio state legislators. Hawk-i supports the Bright Futures guidelines as the standard of care.

**Other State Examples**

Many other states have implemented Bright Futures in a variety of ways, including the following examples.

- The **Illinois** Chapter of the American Academy of Pediatrics partnered with the Illinois Department of Healthcare and Family Services to promote Bright Futures as a standard of care in Illinois and to integrate the guidelines into state programs.
- **Maine** conducted an assessment in 2012 to analyze the information systems, clinical workflow and data flow among health care providers, the public health department, and the state’s designated health information network and HealthInfoNet (HIN). MaineCare Services supported adoption of Bright Futures into electronic health records and offered technical assistance to help with the process.
- In 2014, the **Oregon** Health Authority evaluated its adolescent well-care visits and found the percent of adolescents who had at least one well-care visit fell shy of the 2013 benchmark. Health Authority staff developed tips for improvement, one of which is to “incorporate teen-appropriate health education and health assessment tools which follow the Bright Future guidelines to optimize the reliability of care and the use of time.”
- **The District of Columbia** has adopted a version of Bright Futures to guide the fundamental coverage in Medicaid’s EPSDT benefit. HealthCheck (www.dchealthcheck.net) provides information and materials for providers and government agencies that serve children and families.

**Policy Options for State Legislators**

As described above, several states have considered various options to implement Bright Futures guidelines. For example, states:

- Use the Bright Futures guidelines as the standard of care as recognized by the state department of health.
- Include the Bright Futures guidelines and tools in state-run insurance plans or plans that are offered on the state exchange.
- Use the Bright Futures guidelines as a standard of care for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program.
- Use the Bright Futures Oral Health Risk Tool in Medicaid dental services.
- Explore public-private partnerships to increase the use of Bright Futures in electronic health records.

**Bright Futures guidelines** recommend oral health risk assessments at the 6- and 9-month well-child visits. The American Academy of Pediatrics provides an Oral Health Risk Assessment Tool for Primary Care Providers to use until a dental home can be established for the child. (AAP)

Policymakers may also consider supporting specific principles of Bright Futures through legislation. For example:

- AAP recommends exclusive breastfeeding for about six months, followed by breastfeeding until at least 12 months of age in combination with introduction of
complementary foods to maximize benefits. According to the U.S. Surgeon General, “For nearly all infants, breastfeeding is the best source of infant nutrition and immunologic protection, and it provides remarkable health benefits to mothers as well.”

- Many states have adopted legislation to reduce barriers to breastfeeding or support a woman’s decision to breastfeed. Twenty-nine states, the District of Columbia and the U.S. Virgin Islands exempt breastfeeding from public indecency or indecent exposure laws. Laws in at least 25 states relate to breastfeeding in the workplace, typically requiring employers to provide time each day and adequate facilities for a breastfeeding employee.

- Some states also support the Baby Friendly Hospital Initiative, launched in 1991 by UNICEF and the World Health Organization. It ensures that all maternity facilities, whether free-standing or in a hospital, become centers of breastfeeding support. Hospitals must demonstrate rigorous compliance to criteria in order to be awarded the title “Baby Friendly Hospital.”

- The National Physical Activity Guidelines recommend that children participate in at least 60 minutes of physical activity a day.

- Several states have adopted evidence-based programs or policies to increase the time, space and resources allocated to physical activity. The Guide to Community Preventive Services, also known as The Community Guide, offers examples of evidence-based programs and policies to increase physical activity such as:
  - Enhanced School-Based Physical Education.
  - Creation of or Enhanced Access to Places for Physical Activity with Informational Outreach, such as creating walking trails or shared use agreements that allow use of school facilities for community members.

- The Bright Futures guidelines recommend oral health coverage for children.

- To address the low oral health participation rates in Medicaid, several states—including Connecticut, South Carolina, Tennessee and Virginia—have increased reimbursement rates for participating providers. Other strategies for promoting participation in public programs include outreach to dental providers, reduced administrative requirements and streamlined authorization.
As policymakers consider the broad range of health policies in their state, they may want to explore opportunities to improve children’s health through promotion of Bright Futures. Improving access to early childhood screenings, preventing and reducing chronic health conditions, and promoting wellness significantly affect the lives of children of all ages.

For more information regarding Bright Futures, see:
- American Academy of Pediatrics (http://brightfutures.aap.org)
- Association of State and Territorial Health Officials (www.astho.org/Maternal-and-Child-Health/Bright-Futures)

Resources for Families
- The Child and Adolescent Health Measure Initiative Well Visit Planner (www.wellvisitplanner.org)
Notes


6. Ibid., 1.


9. Ibid., 8.


13. Ibid., 12.


18. Ibid., 17.


