

# CLASP

Policy solutions that work for low-income people

March 27, 2020

The Honorable Alex Azar, Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

Re: Missouri's Targeted Benefits for Pregnant Women and Demonstration

Dear Secretary Azar,

The Center for Law and Social Policy (CLASP) submits the following comments in response to Missouri's section 1115 Waiver, Missouri Targeted Benefits for Pregnant Women and Demonstration. CLASP is a national, nonpartisan, anti-poverty nonprofit advancing policy solutions for low-income people. We develop practical yet visionary strategies for reducing poverty, promoting economic opportunity, and addressing barriers faced by people of color. We work across issue areas that impact families with low-incomes (e.g. health insurance, early education, mental health, policy related to youth and young adults, and explicitly on maternal mental health) to advocate for policy at the local, state, and federal level that will improve the health and well-being of the poorest people in our country.

CLASP's maternal mental health work aims to increase access to maternal mental health prevention, screening, and treatment while advocating for services that are racially equitable and culturally relevant. In a scan<sup>1</sup> of state policies CLASP conducted a few years ago, we found that Medicaid expansion made a significant difference for states. Many of the stakeholders we spoke with indicated that expanded postpartum coverage would have a profound effect on the ability to be identified through screening and link with seek subsequent treatment. Our current<sup>2</sup> work on maternal mental health across 9 states and Washington, D.C. confirms this.

CLASP supports Missouri's waiver request to extend Substance Use Disorder (SUD) and mental health treatment to women who have a diagnosed SUD during the 60 days post-partum they are covered by Medicaid. Maternal mental health services, including those to help women combat substance use is a critical part of improving maternal mental health. There is a high co-morbidity rate between substance use and maternal deaths, and as such we recognized that treating substance use in the first year after giving birth is critical for women's health. We also believe that providing SUD treatment to new mothers will increase child outcomes and improve family stability.

Thank you for consideration of these comments. Please contact Suzanne Wikle ([swikle@clasp.org](mailto:swikle@clasp.org)) with any questions.

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<sup>1</sup> Alisa Chester, Stephanie Schmit, Joan Alker, et al., *Medicaid Expansion Promotes Children's Development and Family Success by Treating Maternal Depression*, Center for Children and Families and Center for Law and Social Policy, July 2016, <https://www.clasp.org/publications/report/brief/medicaid-expansion-promotes-children%E2%80%99s-development-and-family-success>.

<sup>2</sup> Ruth Cosse, Stephanie Schmit, and Isha Weerasinghe, "Moving on Maternal Depression (MOMD) Project Overview," Center for Law and Social Policy, November 2018, <https://www.clasp.org/publications/fact-sheet/moving-maternal-depression-momd-project-overview>.