



Coronavirus Response and Relief Supplemental Appropriations Act of 2021

On December 27, 2020, federal legislation was signed into law to provide financial and other support as part of a national response to the coronavirus pandemic. The law, which also appropriates FY21 funding for the U.S. government, includes provisions to support improved access to mental health and substance use services as part of the pandemic response.

Funding for Mental Health and Substance Use Services

The law includes \$73 billion for the U.S. Department of Health and Human Services for a broad range of activities related to the pandemic response, including \$4.25 billion for the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). These SAMHSA allocations include the following:

- \$1.65 billion to the Substance Abuse and Prevention Treatment block grant
- \$1.65 billion to the Mental Health Services block grant, including a set-aside of at least \$35 million to support evidence-based crisis systems
- \$600 million to Certified Community Behavioral Health Clinics
- \$50 million to suicide prevention programs
- \$50 million to Project AWARE which supports school-based mental health for children
- \$240 million will be used for emergency grants to states
- \$10 million will be allocated to the National Child Traumatic Stress Network
- At least \$125 million of SAMHSA funds will be allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes.

Additional Provisions

The legislation enhances federal mental health parity protections by strengthening compliance requirements for monitoring non-quantitative treatment limits (NQTLs) on mental health or substance use disorder benefits, such as prescription drug formularies, application of medical necessity criteria, and other medical management tools. Insurers and group health plans will be required to conduct and document analyses of NQTLs to ensure that they are not applied more stringently to mental health or substance use benefits than they are to physical health benefits. These analyses must be available to regulators within 45 days of the enactment of this legislation.

The law includes comprehensive protections against “surprise medical bills”. Out-of-network providers of emergency services are prohibited from sending surprise bills to patients for more than the in-network cost-sharing amount. In addition, out-of-network providers are prohibited from sending surprise bills for non-emergency services provided to patients at in-network facilities, unless the patient consents to out-of-network care. Absent consent, patients treated at in-network facilities by out-of-network providers will only be liable for the cost-sharing amount that applies to in-network care.

**For more information, please contact Jessica Larochelle,
MAMH Director of Public Policy and Government Relations (jessicalarochelle@mamh.org)**