DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

45 CFR Parts 211 and 212

RIN 0970-AD40

Reducing Bureaucracy and Burden for Human Services and Emergency Response Programs – Repatriation Program

AGENCY: Office of Human Services Emergency Preparedness and Response (OHSEPR), Administration for Children and Families (ACF), Department of Health and Human Services (HHS).

ACTION: Final rule.

SUMMARY: This final rule amends the Care and Treatment of Mentally Ill Nationals of the United States, Returned from Foreign Countries regulations and the Assistance for United States Citizens Returned from Foreign Countries regulations to eliminate unnecessary or obsolete regulations.

DATES: This rule is effective [INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER].

FOR FURTHER INFORMATION CONTACT: Adam N. Jones, Deputy Chief of Staff, Immediate Office of the Assistant Secretary, Administration for Children and Families, Department of Health and Human Services, Washington, D.C. 202-417-0115 or *Deregulation@acf.hhs.gov.* A plain language summary of this final rule is posted at *https://www.regulations.gov*.

SUPPLEMENTARY INFORMATION:

I. Statutory Authority

This final rule is being issued under the authority granted to the Secretary of Health and Human Services by 74 Stat. 308-310 (24 U.S.C. 321-329) and Sections 1102 and 1113 of the Social Security Act (42 U.S.C. 1302, 42 U.S.C. 1313).

II. Background

45 CFR Part 211, "Care and Treatment of Mentally Ill Nationals of the United States, Returned from Foreign Counties" is a comprehensive regulatory framework established under the 74 Stat. 308-310, 24 U.S.C 321-329. Originally published on July 19, 1974, Part 211 establishes uniform procedures for program applications, including requirements addressing eligibility, procedures for the care and treatment of mentally ill repatriates, and general administrative standards. 45 CFR Part 212, "Assistance for United States Citizens Returned from Foreign Countries" is a set of regulations established under the authority of the Social Security Act (42 U.S.C. 1302, 42 U.S.C. 1313) that was designed to implement 42 U.S.C. 1313 by providing more detailed requirements for temporary assistance to United States (U.S.) Citizen repatriates and their dependents.

III. Executive Summary

This final rule rescinds multiple regulations that are either unnecessary or wholly obsolete. The regulations removed and reserved by this final rule can be categorized into three groups: those that are duplicative, those that are better suited as a different type of sub-regulatory format, and those that are obsolete.

Duplicative regulations are those that carry no impact as the authority and requirements stated in the regulation exist or are stated elsewhere such as in statute, which would make these existing regulations otherwise unnecessary.

The regulations that are better suited to a different format, i.e. as a sub-regulatory document, are those that generally read like a Frequently Asked Questions document or

are overly prescriptive and carry technical details that belong in programmatic instruction. ACF is rescinding this category of regulations to allow for publication in a more appropriate format following the effective date of this final rule.

The final category are those regulations that are obsolete or outdated This includes regulations that refer to grant programs that are no longer funded, practices that are no longer followed, or are otherwise no longer relevant.

Effective Date.

This final rule will become effective 60 days from the date of its publication.

Severability.

The provisions of this final rule are intended to be severable, such that, in the event a court were to invalidate any particular provision or deem it to be unenforceable, the remaining provisions would continue to be valid. None of the provisions in the final rule contained herein are central to an overall intent of the final rule, nor are any provisions dependent on the validity of other, separate provisions.

IV. Discussion of Changes

HHS published a notice of proposed rulemaking (NPRM) in the Federal Register on March 27, 2026, (91 FR 14797) proposing revisions to both 45 CFR 211 and 45 CFR 212. HHS provided a 30-day comment period during which interested parties could submit comments in writing electronically through Regulations.gov or via e-mail to the Immediate Office of the Assistant Secretary.

During the 30-day comment period, HHS received 3 comments from individual members of the public. Of the comments received, all 3 were posted on www.regulations.gov. Of the 3 comments posted on www.regulations.gov, all 3 comments were unique and none were duplicative. At the conclusion of the public comment period, HHS analyzed the content of the comments to inform the development

of the final rule. All comments were reviewed to determine each commenter's support or opposition towards the policies proposed in the NPRM.

Public comments reflected various opinions of the commenters, with two commenters expressing support for the proposed recissions, and one opposing them. All comments were reviewed and informed the Department's consideration of the final rule.

The preamble in this final rule discusses the changes to current regulations. Where language of the previous regulations remain unchanged, the preamble explanation and interpretation of that language published with all prior final rules are also retained, unless specifically modified in the preamble to this rule. (See 39 FR 26546, July 19, 1974; 53 FR 36580, Sept. 21, 1988).

V. General Comments and Cross-Cutting Issues

This final rule includes the removal of multiple sections of regulations relating to 45 CFR Part 211 and 212. HHS received and reviewed comments on the proposed changes. Following review of all comments, HHS has maintained all proposed changes from the NPRM. Specific comments are discussed below.

Most of the individual commenters expressed overall support for the proposed recissions, noting that the proposals would remove repetitive or outdated regulations, while still encouraging HHS maintain appropriate accountability and ensure that requirements are still available and accessible to the general public. One individual, who wrote that they were only making a comment as part of a class assignment, expressed overall opposition to the NPRM and was concerned that removing duplicative regulations could produce confusion to the general public and reduce visibility.

HHS acknowledges concerns raised by the commenter who opposed the NPRM but moves forward with rescinding the sections as proposed. HHS contends that this final rule does not reduce visibility or enforcement of regulations, but rather enhances clarity on unique and current requirements that are still binding. HHS will continue to provide

information to interested parties on what laws and regulations are still in effect to the extent that questions arise.

VI. Section-by-Section Discussion of Comments and Regulatory Provisions

HHS did not receive comments about changes proposed to specific subparts of the regulation. Below, HHS identifies each subpart and states the rationale for the final rule.

45 CFR Part 211 Care and Treatment of Mentally Ill Nationals of the United States, Returned from Foreign Countries

§ 211.1 General definitions

This Section defines the terms used in this Part. This Section is repealed due to the fact that many of the terms that are defined are duplicated in 24 U.S.C. 321 "Definitions." There were a few regulatory definitions that were not defined in statute, but those terms were either commonly defined and did not need to be further defined or were utilized only in Sections that are also repealed by this final rule.

§ 211.2 General

This Section specifies that ACF will consult with appropriate agencies to ensure that any aid that is provided is provided by the right organization. This provision is removed as the text of the regulation is merely rephrasing and restating the language found in the statute that authorizes the creation of the regulation, 24 U.S.C. 321-329. Thus, as the authority to consult with appropriate agencies as well as the other statements described in this Section are already found in statute, this Section is unnecessary and duplicative, and therefore removed by this final rule.

§ 211.4 Notification to legal guardian, spouse, next of kin, or interested persons

This Section specifies that ACF will notify the next of kin and legal guardians when repatriates with mental health needs arrive in the United States or are transferred between states. This provision is removed as the requirement for notifying the next of kin and legal guardian still applies irrespective of this rule. The recission of this rule will not

hinder the ability for next of kin and legal guardians to be notified of the repatriation of their relatives. As such, this rule is unnecessary and thus is repealed.

§ 211.5 Action under State law; appointment of guardian

This Section details that ACF will follow state law on how to plan and provide for proper care and treatment of an individual who is unable to give consent, either because they are a minor or due to their mental state. The regulation states that ACF will follow state law, the recission of this regulation does not impact the necessity to follow state law. In other words, by repealing this Section, state law and the status quo will still be followed. As such, this Section is unnecessary and is repealed.

§ 211.7 Transfer and release of eligible person

This Section lists the conditions under which an eligible repatriate will be transferred and released into the care of a relative. Furthermore, this Section details that if an individual is unable to be released to a relative, that the individual may be released to the appropriate state health authority. This Section is removed as the language and authorization are found to be duplicated in 24 U.S.C. 323 "Transfer and release to State of residence or legal domicile." As the regulation simply mirrors the statute, it is unnecessary and duplicative and thus repealed.

§ 211.8 Continuing hospitalization

This Section details the appropriate arrangements for placement and treatment of an eligible individual needing continued care in furtherance of the regulations found in § 211.7. Much like § 211.7, this Section is also found to be duplicative of statutory language found at 24 U.S.C. 324 "Care and treatment of eligible persons until transfer and release." As this Section also mirrors statute, the language found in regulation is duplicative and therefore not needed. Thus, this final rule repeals this Section.

§ 211.9 Examination and reexamination

This Section details the frequency by which an examination must be conducted on any individual admitted to a hospital pursuant to Part 211. The language requiring that patients be examined no more than five days after their admission and every six months thereafter is a copy of the requirements found at 24 U.S.C. 325 "Examination of persons admitted." As this is a duplication of existing requirements, this Section is not necessary and is repealed.

§ 211.10 Termination of hospitalization

This Section details that the process for discharge or conditional release of a patient must comply with state laws as well as the requirement to notify the committing court of the release. § 211.10(a) requires the hospital to release an individual from care if they are determined to not or no longer require hospitalization, pursuant to state laws and regulations. Thus, this component of the rule requires hospitals to follow existing laws, which they would be required to do irrespective of this regulation. As such, this first component of this Section is unnecessary as it does not carry any requirement that is not found in state specific statutes and is repealed.

§ 211.10(b) deals with mandating the notification to the committing court duplicates federal law in 24 U.S.C. 327 "Notification to committing court of discharge or conditional release." As this is purely duplicative, this regulation is not needed, and the repeal will not produce any policy change. Therefore, this final rule repeals this Section.

§ 211.11 Request for release from hospitalization

This Section describes the process that must be followed when a patient or their next of kin or legal guardian requests a release from hospitalization. This process is described in complete detail already at 24 U.S.C. 326 "Release of patient." As the regulation merely restates the statutory language, it is duplicative and thus unnecessary. The repeal of this Section will not change policy for those requesting a release from hospitalization.

§ 211.12 Federal payments

This Section details the requirement that an agreement must be established between an Administrator and a hospital as to how a hospital or agency will be paid for services. This Section is not needed as this describes an outdated approach which predated government-wide regulations at 2 CFR Part 200 which describe payment methods, allowable costs, and financial management requirements. As this Section is outdated, it is repealed to provide clarity to the public.

§ 211.13 Financial responsibility of the eligible person; collections, compromise, or waiver of payment

Section 211.13 details the financial responsibility for the eligible person. This Section is repealed as it is duplicated in statutory language found at 24 U.S.C. 328 "Payment for care and treatment." As the requirements for who is liable and what waiver authority of costs exist is stated in both statute and in regulations, the regulations are not needed and are repealed.

§ 211.14 Disclosure of information

This part details the protections against the disclosure of information regarding individuals receiving care. This Section is repealed as this information is covered by other Federal laws and regulations including, but not limited to, the Privacy Act of 1974 (5 U.S.C. 552a) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule (45 CFR part 160 and subparts A and E of part 164). The HIPAA Privacy Rule prohibits the disclosure of protected health information without an individual's authorization unless permitted or required by the Privacy Rule. These protections exist for the same information under 45 CFR 211.14. As both regulations, and statute to a stronger degree, protect patient data and information, the regulation is duplicative and unnecessary. This repeal does not change policy with respect to disclosure of patient information.

§ 211.15 Nondiscrimination

This Section details the prohibition of discrimination based on various characteristics, which is duplicative of federal law found at 42 U.S.C. 2000d (Title VI). The recission of this part is due to the existence of other protections against discrimination which cover the topics discussed in this Part. As such, this repeal is not intended to, nor will it enable, the discrimination of any individual based on the characteristics described therein.

45 CFR Part 212 Assistance for United States Citizens Returned from Foreign Countries

Much like Sections of Part 211 removed by this final rule, Part 212 mirrors existing statutory language. The entire Part rephrases and repeats the authorizing statute, 42 U.S.C. 1313 "Assistance for United States citizens returned from foreign countries." As the regulation is a duplication without providing significant additional clarifying language or detail, 45 CFR 212 is unnecessary and repealed in its entirety.

VII. Regulatory Process Matters

Paperwork Reduction Act

Under the Paperwork Reduction Act (44 U.S.C. 3501 *et seq*., as amended) (PRA), all Departments are required to submit to the Office of Management and Budget (OMB) for review and approval any reporting or recordkeeping requirements inherent in a proposed or final rule. This final rule does not contain any information requiring OMB approval under the PRA and, therefore, will not create any new paperwork burdens or modify existing burdens subject to OMB review.

Executive Order 13132

Executive Order 13132 requires federal agencies to consult with State and local government officials if they develop regulatory policies with federalism implications. Federalism is rooted in the belief that issues that are not national in scope or significance are most appropriately addressed by the level of government close to the people. This

final rule would not have substantial direct impact on the States, on the relationship between the federal government and the States, or on the distribution of power and responsibilities among the various levels of government. This final rule would not pre-empt State law. The changes made in this final are removing unnecessary and obsolete regulations from the Office of Human Services Emergency Preparedness and Response Repatriation Program rules. Therefore, in accordance with Section 6 of Executive Order 13132, it is determined that this action does not have sufficient federalism implications to warrant the preparation of a federalism summary impact statement.

Assessment of Federal Regulations and Policies on Families

Assessment of Federal Regulations and Policies on Families Section 654 of the Treasury and General Government Appropriations Act of 1999 (Pub. L. 105-277) requires federal agencies to determine whether a policy or regulation may negatively affect family well-being. If the agency determines a policy or regulation negatively affects family well-being, then the agency must prepare an impact assessment addressing seven criteria specified in the law. HHS determined it is not necessary to prepare a family policymaking assessment because the actions made by this final rule will not have any impact on the autonomy or integrity of the family as an institution.

VIII. Regulatory Impact Analysis

We have examined the impacts of the final rule under Executive Order 12866, Executive Order 13563, Executive Order 14192, the Regulatory Flexibility Act (5 U.S.C. 601-612), and the Unfunded Mandates Reform Act of 1995 (Pub. L. 104-4).

Executive Orders 12866 and 13563 direct us to assess all benefits and costs of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits. Rules are “significant” under Executive Order 12866 Section 3(f)(1) if they “have an annual effect on the economy of $100 million or more; or adversely affect in a material way the economy, a sector of the economy,

productivity, competition, jobs, the environment, public health or safety, or State, local or tribal governments or communities." Executive Order 14192 requires that any new incremental costs associated with significant new regulations "shall, to the extent permitted by law, be offset by the elimination of existing costs associated with at least ten prior regulations." The Office of Information and Regulatory Affairs (OIRA) has determined that this final rule is not a significant action under Executive Order 12866 Section 3(f).

The Regulatory Flexibility Act (RFA) requires agencies to consider the impact of their regulations on small entities. Because this is simply repealing obsolete and unnecessary language, we certify that the final rule would not have a significant economic impact on a substantial number of small entities.

The Unfunded Mandates Reform Act of 1995 (UMRA) generally requires that each agency conduct a cost-benefit analysis; identify and consider a reasonable number of regulatory alternatives; and select the least costly, most cost effective, or least burdensome alternative that achieves the objectives of the rule before promulgating any proposed or final rule that includes a Federal mandate that may result in expenditures of more than $100 million (adjusted for inflation) in at least one year by State, local, and tribal governments, in the aggregate, or by the private sector. Each agency issuing a rule with relevant effects over that threshold must also seek input from State, local, and tribal governments. The current threshold after adjustment for inflation is $193 million, using the most current (2025) Implicit Price Deflator for the Gross Domestic Product. This final rule would not result in an expenditure in any year that meets or exceeds this amount.

IX. Tribal Consultation Statement

Executive Order 13175, *Consultation and Coordination with Indian Tribal Governments,* requires agencies to consult with Indian Tribes when regulations have "substantial direct effects on one or more Indian Tribes, on the relationship between the

Federal Government and Indian Tribes, or on the distribution of power and responsibilities between the Federal Government and Indian Tribes." Similarly, ACF's Tribal Consultation Policy says that consultation is triggered for any legislative proposal, new rule adoption, or other policy change that significantly affects Tribes, meaning there exists a reasonable presumption that it has or may have substantial direct effects on one or more Indian Tribes, on the relationship between the Federal Government and Indian tribes, on the amount or duration of ACF program funding, on the delivery of ACF programs or services to one or more Indian Tribes, or on the distribution of power and responsibilities between the Federal Government and Indian Tribes. However, as this is a deregulatory action, per OMB M-25-36, *Streamlining the Review of Deregulatory Actions,* this action presumptively does not trigger the Tribal Consultation requirements of Executive Order 13175 nor does it meet ACF's standard for consultation.

List of Subjects

45 CFR Part 211

Grant programs-social programs, Health care, Mental health programs, Public assistance programs.

45 CFR Part 212

Grant programs-social programs, Public assistance programs.

For the reasons set forth in the preamble, ACF amends 45 CFR subtitle B, chapter II, as follows:

PART 211 – CARE AND TREATMENT OF MENTALLY ILL NATIONALS OF THE UNITED STATES, RETURNED FROM FOREIGN COUNTRIES

1. The authority citation for part 211 continues to read as follows:

Authority: Secs. 1-11, 74 Stat. 308-310; 24 U.S.C. 321-329.

§§ 211.1, 211.2, 211.4, 211.5, 211.7, 211.8, 211.9, 211.10, 211.11, 211.12, 211.13, 211.14, and 211.15 [Removed and Reserved]

2. Sections 211.1, 211.2, 211.4, 211.5, 211.7, 211.8, 211.9, 211.10, 211.11, 211.12, 211.13, 211.14, and 211.15 are removed and reserved.

PART 212 [REMOVED AND RESERVED]

3. Under the authority of 24 U.S.C. 321-329 and 42 U.S.C. 1302 and 1313, remove and reserve part 212.

Robert F. Kennedy, Jr.,

Secretary,

Department of Health and Human Services.

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