DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

45 CFR Parts 211 and 1390

RIN 0970–AD48

Reducing Bureaucracy and Burden for the Repatriation of Mentally Ill Nationals

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

ACTION: Notice of proposed rulemaking.

SUMMARY: The Department of Health and Human Services, Administration for Children and Families proposes to remove the Care and Treatment of Mentally Ill Nationals of the United States, Returned from Foreign Countries regulations to streamline regulations and to renumber it under a different Part.

DATES: In order to be considered, written comments on this proposed rule must be received on or before October 5, 2026.

ADDRESSES: You may submit written comments, identified by docket number ACF–2026–0661 and/or RIN number 0970–AD48, by one of the following methods:

- *Federal eRulemaking Portal:* Go to *https://www.regulations.gov.* Follow the instructions for submitting comments.
- *Email: Deregulation@acf.hhs.gov.* Include the docket number ACF–2026–0661 and/or RIN number 0970–AD48 in the subject line of the message.

Instructions: All submissions received must include the agency name and docket number or RIN number for this rulemaking. All comments received are a part of the public record and will be posted for public viewing on *www.regulations.gov,* without change. Please be advised that the substance of the comments and the identity of individuals or entities submitting the comments will be subject to public disclosure. The docket on *https://www.regulations.gov* will include a plain language summary of the notice of proposed rulemaking (NPRM).

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, DC 202–417–0115 or *Deregulation@acf.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Statutory Authority

This proposed regulation 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).

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 74 Stat. 308–310, 42 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. This Part was significantly reduced by 91 FR 36542, published on June 17, 2026.

III. Executive Summary

This NPRM proposes to remove the remaining sections of Part 211 and combine them into a newly created Part 1390 promulgated under the same title. This action would accomplish two tasks. First, it would consolidate the language that is currently found in §§ 211.3 and 211.6, which no longer reads cleanly following the removal of the other sections of the Part following the publication of 91 FR 36542. This consolidation will restate the language found in these two sections into a more readable and understandable manner than the current half-century old text.

Secondly, the current Part 211 exists under Chapter II of Title 45, which is called ''Office of Family Assistance (Assistance Programs), Administration for Children and Families, Department of Health and Human Services.'' The program office that implements the regulations under current Part 211 is not the Office of Family Assistance (OFA) but rather the Office of Human Services Emergency Preparedness and Response (OHSEPR). This redesignation from Part 211 to Part 1390 would allow that to be more clearly displayed to the public.

Severability

The provisions of this NPRM, if finalized, 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 contained herein are central to an overall intent of the proposed rule, nor are any provisions dependent on the validity of other, separate provisions.

IV. Discussion of Proposed Changes

Part 211 discusses the procedures and protections made for the care and treatment of mentally ill American nationals returned from foreign countries. This Part was heavily restructured and reduced in 2026 following ACF's intentional effort to remove duplicative and obsolete regulations. *See* 91 FR 36542. The initial rulemaking related to this Part resulted in the removal of 13 of the 15 sections that were initially promulgated under Part 211. While the removal of those 13 sections allowed for more clarity as to what non-duplicative requirements were in place, it did cause the remaining regulations to appear disjointed. This NPRM proposes to address this by removing and consolidating the remaining two sections into one concise, streamlined section while not changing any of the operational practice or protections for mentally ill American nationals.

Furthermore, this NPRM proposes to move the regulations into the newly proposed designation of Part 1390 Subchapter J of Chapter XIII—Administration for Children and Families, Department of Health and Human Services. This allows the public to clearly see that the regulations pertaining to the care and treatment of mentally ill nationals returned from foreign countries are overseen by OHSEPR instead of OFA.

V. 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 NPRM 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 proposed 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 NPRM would not pre-empt State law. The changes proposed in the NPRM 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 believes it is not necessary to prepare a family policymaking assessment because the actions proposed in this NPRM will not have any impact on the autonomy or integrity of the family as an institution.

VI. Regulatory Impact Analysis

We have examined the impacts of the proposed 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. 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 proposed rule is a significant action under Executive Order 12866 Section 3(f).

The Regulatory Flexibility Act (RFA) requires agencies to consider the impact of their regulatory proposals on small entities. Because this action would simply repeal obsolete and unnecessary language, we propose to certify that the proposed 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 proposed rule would not result in an expenditure in any year that meets or exceeds this amount.

VII. 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.

List of Subjects

45 CFR Part 211

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

45 CFR Part 1390

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

For the reasons set forth in the preamble, ACF proposes to remove 45 CFR part 211 and add 45 CFR subchapter J as follows:

PART 211—[REMOVED AND RESERVED]

■ 1. Under the authority Secs. 1–11, 74 Stat. 308–310; 24 U.S.C. 321–329, remove and reserve part 211.

Subchapter J—Office of Human Services Emergency Preparedness and Response

PART 1390—CARE AND TREATMENT OF MENTALLY ILL NATIONALS OF THE UNITED STATES, RETURNED FROM FOREIGN COUNTRIES

Sec.
1301.1 General.

■ 2. The authority citation for part 1390 is proposed to read as follows:

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

§ 1390.1 General.

(a) Required certificates. To establish eligibility, the following certificates are required:

(1) Nationality certificate. A certificate issued by an authorized Department of State official stating that the individual is a United States national.

(2) Mental condition certificate. Either:

(i) A certificate obtained or transmitted by an authorized Department of State official stating that the individual has been legally adjudged insane in a specified foreign country; or

(ii) A certificate from an appropriate authority or person stating that the individual was in a specified foreign country and required mental hospital care and treatment. When available, the certificate shall include relevant medical and other information.

(b) Appropriate authority or person. For paragraph (a)(2)(ii), an appropriate authority or person is a qualified mental health professional. If none are available, an authorized Department of State official may serve in that capacity and shall state the unavailability of a qualified mental health professional.

(c) Reception and temporary assistance. Upon arrival at the port of entry, the agency shall meet the individual, arrange an appropriate medical examination, and plan needed temporary care and treatment with the individual, legal guardian, or other interested persons.

(d) Temporary care, treatment, and assistance. The agency shall provide temporary care, treatment, and assistance reasonably necessary for the individual's health and welfare,

including hospitalization, medical and remedial care, attendants, food, lodging, money, transportation, and other goods or services. Pending other arrangements, the agency shall use the nearest suitable hospital or another suitable hospital for hospitalization, medical care, and diagnostic services.

Robert F. Kennedy, Jr.,

Secretary, Department of Health and Human Services.

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