

excess of the ECEL, consistent with the requirements of paragraph (d)(1)(i) of this section and, if necessary, paragraph (f) of this section.

(2) \* \* \*

(ii) *Initial monitoring.* By June 21, 2027, or within 30 days of introduction of carbon tetrachloride into the workplace, whichever is later, each owner or operator covered by this section must perform initial monitoring of potentially exposed persons. Where the owner or operator has monitoring results from monitoring conducted within five years prior to February 18, 2025, and the monitoring satisfies all other requirements of this section, the owner or operator may rely on such earlier monitoring results to satisfy the requirements of this paragraph (b)(2)(ii).

\* \* \* \* \*

(3) \* \* \*

(i) *Establishment.* By September 20, 2027, or within three months after receipt of any exposure monitoring that indicates exposures exceeding the ECEL, the owner or operator must establish and maintain a regulated area wherever airborne concentrations of carbon tetrachloride exceed, or can reasonably be expected to exceed, the ECEL.

\* \* \* \* \*

(f) \* \* \*

(2) \* \* \*

(i) By September 20, 2027, or within three months after receipt of any exposure monitoring that indicates exposures exceeding the ECEL, if an owner or operator is required to provide respiratory protection pursuant to paragraph (f)(1) of this section, the owner or operator must ensure that each potentially exposed person is provided with a respirator according to the requirements of this section.

\* \* \* \* \*

(iii) By September 20, 2027, or within three months after receipt of any exposure monitoring that indicates exposures exceeding the ECEL, if an owner or operator is required to provide respiratory protection pursuant to paragraph (f)(1) of this section, the owner or operator must develop and administer a written respiratory protection program consistent with the requirements of 29 CFR 1910.134(c)(1), (c)(3) and (c)(4).

\* \* \* \* \*

[FR Doc. 2026-05977 Filed 3-26-26; 8:45 am]

BILLING CODE 6560-50-P

## 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:** Notice of proposed rulemaking.

**SUMMARY:** The Department of Health and Human Services, Administration for Children and Families proposes to amend 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. The docket on <https://www.regulations.gov> will include a plain language summary of the NPRM.

**DATES:** In order to be considered, written comments on this proposed rule must be received on or before April 27, 2026.

**ADDRESSES:** You may submit written comments, identified by docket number ACF-2026-0232 and/or RIN number 0970-AD40, 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](mailto:Deregulation@acf.hhs.gov). Include the docket number ACF-2026-0232 and/or RIN number 0970-AD40 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](https://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.

**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](mailto: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) 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 Countries” is a comprehensive regulatory framework established under the 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. 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 NPRM proposes to rescind multiple regulations that are either unnecessary or wholly obsolete. The proposed regulations contained in this NPRM to be rescinded and reserved 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 proposes to rescind this category of regulations to allow for publication in a more appropriate format following the final rule becoming effective.

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*

ACF expects all provisions included in the proposed rule, if finalized, to become effective 30 days from the date of publication of the final rule.

#### *Severability*

The provisions of this NPRM, once it becomes final, 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**

#### *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 proposed for repeal 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 proposed to be repealed.

##### § 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 proposed for removal 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 duplicate, and therefore proposed for repeal.

##### § 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 proposed for removal as the requirement for notifying the next of kin and legal guardian still applies irrespective of this rule. The rescission 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 proposed for repeal.

##### § 211.5 Action Under State Law; Appointment of Guardian

This Section details that ACF will act according to state law on how to act and care for an individual who is unable to give consent, either due to being a minor or due to their mental state, with regard to the appointment of a guardian. As this regulation states that ACF will follow state law, the rescission 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 proposed to be 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 proposed for removal as the language and authorization are found to be duplicated in 24 U.S.C. 323 “Care and treatment of eligible persons until transfer and release.” As the regulation simply mirrors the statute, it is unnecessary and duplicate and thus proposed for repeal.

##### § 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 simply duplicative and therefore not needed. Thus, this rulemaking proposes to repeal 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 proposed to be 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. The first component of this Section 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 proposed to be repealed.

The second component of this Section that 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.

##### § 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 both outdated it is proposed to be repealed 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 proposed to be 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 proposed to be repealed.

#### § 211.14 Disclosure of Information

This part details the protections against the disclosure of information regarding individuals receiving care. This Section is proposed to be repealed as this information is heavily expanded upon and covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This law prohibits the disclosure of patient information without authorization, which mirrors the intent of the regulation. 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. The rescission 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 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 many Sections of Part 211, this Part is found to mirror existing statutory language. The entire Part is found to rephrase and repeat 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, it is unnecessary and proposed for repeal.

### 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. 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 proposed rule is not a significant action under Executive Order 12866 Section 3(f). This analysis indicates that the proposed rule, if finalized would be a deregulatory action as defined by Section 3 of Executive Order 14192.

The Regulatory Flexibility Act (RFA) requires agencies to consider the impact of their regulatory proposals on small entities. Because this is simply repealing 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. 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 proposes to amend 45 CFR parts 211 and 212 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, and 211.7 through 211.15 [Removed and Reserved]

■ 2. Remove and reserve §§ 211.1, 211.2, 211.4, 211.5, 211.5, and 211.7 through 211.15.

### PART 212—[REMOVED AND RESERVED]

■ 3. Under the authority 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), remove and reserve part 212.

**Robert F. Kennedy, Jr.,**

*Secretary, Department of Health and Human Services.*

[FR Doc. 2026–05997 Filed 3–26–26; 8:45 am]

**BILLING CODE 4184–PL–P**

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Administration for Children and Families

#### 45 CFR Part 1336

**RIN 0970–AD36**

#### Reducing Bureaucracy and Burden for Native American Programs

**AGENCY:** Administration for Native Americans (ANA), 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 amend the Native American Programs Act regulations (45 CFR part 1336) to eliminate unnecessary or obsolete regulations. The docket on <https://www.regulations.gov> will include a plain language summary of the NPRM as required by 5 U.S.C. 553(b)(4).

**DATES:** In order to be considered, written comments on this proposed rule must be received on or before April 27, 2026.

**ADDRESSES:** You may submit written comments, identified by docket number ACF–2026–0133 and/or RIN number 0970–AD36, 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](mailto:Deregulation@acf.hhs.gov). Include the docket number ACF–2026–0133 and/or RIN number 0970–AD36 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](http://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.

### 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](mailto: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 the Native American Programs Act of 1974, as amended (42 U.S.C. 2991 *et seq.*), hereafter referred to as the “Act.”

#### II. Background

The Native American Programs Act of 1974 (NAPA), as amended (42 U.S.C. 2991 *et seq.*), authorizes the Administration for Native Americans (ANA) to promote social development and economic self-sufficiency in Native communities through competitive grant funding. Under Section 803 of NAPA (42 U.S.C. 2991b), ANA provides financial assistance on a single-year or multi-year basis to public and nonprofit private agencies, including governing bodies of Indian Tribes on federal and state reservations, Alaska Native villages and regional corporations established under the Alaska Native Claims Settlement Act (43 U.S.C. 1601 *et seq.*), and public and nonprofit agencies serving Native Hawaiians and Indian and Alaska Native organizations in urban or rural areas that are not reservations or Alaska Native villages. ANA implements its mission through competitive discretionary grants that support Native-led, community-based projects aimed at strengthening families and communities and reducing long-term dependency through social and economic development, Native language preservation, and environmental regulatory enhancement. ANA typically provides short-term “seed” funding ranging from 12 to 60 months to help communities launch or expand sustainable efforts. In Federal Fiscal Year (FFY) 2025, ANA awarded a total of \$50,738,495, which included new awards and continued funding for previously awarded projects.

#### III. Executive Summary

This NPRM proposes to rescind multiple regulations that are either unnecessary or wholly obsolete. These rescissions would impact States,