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June 17, 2026

The Honorable Bill Cassidy
Chairman
The Honorable Bernie Sanders
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate

The Honorable Brett Guthrie
Chairman
The Honorable Frank Pallone, Jr.
Ranking Member
Committee on Energy and Commerce
House of Representatives

Subject: *Department of Health and Human Services, Centers for Disease Control and Prevention: Control of Communicable Diseases; Foreign Quarantine*

Pursuant to section 801(a)(2)(A) of title 5, United States Code, this is our report on a major rule promulgated by the Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) entitled “Control of Communicable Diseases; Foreign Quarantine” (RIN: 0920-AA88). We received the rule on June 2, 2026. It was published in the *Federal Register* on May 27, 2026. 91 Fed. Reg. 31362. The effective date of the rule is May 22, 2026.

According to HHS, this rule amends the agency’s Foreign Quarantine Regulations and provides a procedure for the HHS Secretary acting through the CDC Director or other delegate to suspend the introduction of persons from designated countries or places, if required, in the interest of public health. In particular, the rule permits the CDC Director or other delegate the discretion to prohibit entry of certain lawful permanent residents.

The Congressional Review Act (CRA) requires a 60-day delay in the effective date of a major rule from the date of publication in the *Federal Register* or receipt of the rule by Congress, whichever is later. 5 U.S.C. § 801(a)(3)(A). The 60-day delay in effective date does not apply, however, if the agency finds for good cause that notice and public procedure thereon are impracticable, unnecessary, or contrary to the public interest, and the agency incorporates the finding and a brief statement of its reasons in the rule. 5 U.S.C. § 808(2). HHS determined that given that the recent Ebola disease outbreak has been declared a public health emergency of international concern and quick action is crucial to preventing spread of the disease, it would be impracticable and contrary to the public health—and, by extension, the public interest—to delay the necessary changes to this implementing regulation until a full public notice-and-comment process is completed. 91 Fed. Reg. at 31366, 31368.

Enclosed is our assessment of HHS's compliance with the procedural steps required by section 801(a)(1)(B)(i) through (iv) of title 5 with respect to the rule. If you have any questions about this report or wish to contact GAO officials responsible for the evaluation work relating to the subject matter of the rule, please contact me at (202) 512-8156.

A handwritten signature in black ink that reads "Shirley A. Jones". The signature is written in a cursive style with a large initial 'S' and 'J'.

Shirley A. Jones
Managing Associate General Counsel

Enclosure

cc: Calvin E. Dukes II
Regulations Coordinator
Department of Health and Human Services

REPORT UNDER 5 U.S.C. § 801(a)(2)(A) ON A MAJOR RULE
ISSUED BY THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES,
CENTERS FOR DISEASE CONTROL AND PREVENTION
ENTITLED
“CONTROL OF COMMUNICABLE DISEASES; FOREIGN QUARANTINE”
(RIN: 0920-AA88)

(i) Cost-benefit analysis

In its submission to us, the Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) indicated that it did not prepare an analysis of the costs and benefits of this rule.

(ii) Agency actions relevant to the Regulatory Flexibility Act (RFA), 5 U.S.C. §§ 603–605, 607, and 609

HHS and CDC certified that this rule would likely impact only persons, which are not considered “small entities” under the Act, and the rule would, therefore, not have a significant economic impact on a substantial number of small entities. 91 Fed. Reg. 31362, 31367 (May 27, 2026). In addition, the HHS Secretary invoked the provision of the Act that allows an agency to delay the publication of a final regulatory flexibility analysis in the event of an emergency. *Id.* Specifically, the Secretary found that the rule is being promulgated in response to an emergency—the Ebola disease outbreak—that makes timely compliance with the provisions of the Act impracticable. *Id.*

(iii) Agency actions relevant to sections 202–205 of the Unfunded Mandates Reform Act of 1995, 2 U.S.C. §§ 1532–1535

HHS determined that this rule is not expected to result in an effect on state, local, or tribal governments, in the aggregate, or on the private sector, of \$100 million in 1995 dollars, updated annually for inflation, in any one year. 91 Fed. Reg. at 31367.

(iv) Other relevant information or requirements under acts and executive orders

Administrative Procedure Act, 5 U.S.C. §§ 551 *et seq.*

HHS issued this rule without prior notice and comment and without a delayed effective date, as generally required by the Administrative Procedure Act (APA). 91 Fed. Reg. at 31366. First, HHS stated that the rule was excepted from these requirements under 5 U.S.C. § 553(a)(1) because it represents a critical part of the dialogue between the United States and the governments of the affected countries—the Democratic Republic of Congo, Uganda, and South Sudan—as well as potential implementing partners Mexico and Canada, in preventing the spread of Ebola disease, and therefore involves a foreign affairs function of the United States. *Id.*

Second, HHS stated that good cause existed to issue the rule without notice and comment under 5 U.S.C. § 553(b)(B), which applies if the agency finds for good cause that notice and

public procedure thereon are impracticable, unnecessary, or contrary to the public interest, and the agency incorporates the finding and a brief statement of its reasons in the rule. *Id.* Specifically, HHS determined that given that the recent Ebola disease outbreak has been declared a public health emergency of international concern and quick action is crucial to preventing spread of the disease, it would be impracticable and contrary to the public health—and, by extension, the public interest—to delay the necessary changes to this implementing regulation until a full public notice-and-comment process is completed. *Id.* For the same reasons, HHS determined there was good cause under 5 U.S.C. § 553(d) to make the rule effective immediately upon filing at the Office of the Federal Register. *Id.*

Paperwork Reduction Act (PRA), 44 U.S.C. §§ 3501–3520

HHS determined that this rule contains no new information collection requirements under the Act. 91 Fed. Reg. at 31368.

Statutory authorization for the rule

HHS promulgated this rule pursuant to sections 243, 264, 265, and 270 of title 42, United States Code.

Executive Order No. 12866 (Regulatory Planning and Review)

HHS stated that this rule is economically significant under the Order. 91 Fed. Reg. at 31367.

Executive Order No. 13132 (Federalism)

HHS determined that this rule does not have federalism implications. 91 Fed. Reg. at 31367.