

DISTRICT OF COLUMBIA
OFFICIAL CODE

TITLE 24.
PRISONERS AND THEIR TREATMENT.

CHAPTER 7.
REHABILITATION OF USERS OF NARCOTICS.

2001 Edition

DISTRICT OF COLUMBIA OFFICIAL CODE
CHAPTER 7. REHABILITATION OF USERS OF
NARCOTICS.

TABLE OF CONTENTS

§ 24-701. Purpose.

§ 24-702. Definitions.

§ 24-703. Order of examination.

§ 24-704. Right to counsel.

§ 24-705. Examinations by physicians.

§ 24-706. When hearing is required.

§ 24-707. Hearing.

§ 24-708. Confinement of patient.

§ 24-709. Release of patient.

§ 24-710. Periodic examination of released patients.

§ 24-711. Patient not deemed a criminal.

§ 24-712. [Omitted]

§ 24-713. Care and treatment of drug users; authority of Surgeon General.

§ 24-714. Admittance into Public Health Service hospitals; narcotics users from District.

§ 24-715. Release of patients.

CHAPTER 7. REHABILITATION OF USERS OF NARCOTICS.

§ 24-701. PURPOSE.

The purpose of §§ 24-701 to 24-711 is to protect the health and safety of the people of the District of Columbia from the menace of drug addiction and to afford an opportunity to the drug user for rehabilitation. The Congress intends that federal criminal laws shall be enforced against drug users as well as other persons, and §§ 24-701 to 24-711 shall not be used to substitute treatment for punishment in cases of crime committed by drug users.

(June 24, 1953, 67 Stat. 77, ch. 149, § 2; July 24, 1956, 70 Stat. 609, ch. 676, title I, § 101.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 24-601.

1973 Ed., § 24-601.

§ 24-702. DEFINITIONS.

For the purpose of §§ 24-701 to 24-711:

(1) The term "drug user" means any person, including a person under 18 years of age, notwithstanding the provisions of Chapter 23 of Title 16, who uses any habit-forming narcotic drugs so as to endanger the public morals, health, safety, or welfare, or who is so far addicted to the use of such habit-forming narcotic drugs as to have lost the power of self-control with reference to his addiction.

(2) The term "narcotic drugs" shall have the same meaning as that given to such term by § 4731 of the Internal Revenue Code of 1954.

(3) The term "patient" means any person ordered to appear before the Mayor, pursuant to the provisions of § 24-703.

(4) The term "Mayor" means the Mayor of the District of Columbia, sitting as a Board, or his designated agent or agents.

(June 24, 1953, 67 Stat. 77, ch. 149, § 3; July 24, 1956, 70 Stat. 609, ch. 676, title I, § 101; July 29, 1970, 84 Stat. 590, Pub. L. 91-358, title I, § 170.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 24-602.

1973 Ed., § 24-602.

References in Text

Section 4731 of the Internal Revenue Code of 1954, referred to in subdivision (2) of this section, was repealed by 84 Stat. 1292, Pub. L. 91-513, § 1101(b)(3)(A).

Change in Government

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of

Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

§ 24-703. ORDER OF EXAMINATION.

(a) Whenever the Mayor has probable cause to believe that any person within the District of Columbia, other than a person referred to in subsection (b) of this section, is a drug user, he forthwith shall order any law enforcement officer of the District of Columbia to bring that person before him, to conduct a preliminary examination, and if he finds sufficient evidence of addiction, as hereinbefore defined, he shall cause that person to be placed in an institution to be designated by him for an examination by physicians pursuant to § 24-705.

(b) The Mayor shall not order any person brought before him if the said person is charged with a criminal offense, whether by indictment, information, or otherwise, or if the said person is under sentence for a criminal offense, whether he is serving the sentence, or is on probation or parole, or has been released on bond pending appeal.

(June 24, 1953, 67 Stat. 77, ch. 149, § 4; July 24, 1956, 70 Stat. 609, ch. 676, title I, § 101.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 24-603.

1973 Ed., § 24-603.

Change in Government

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

§ 24-704. RIGHT TO COUNSEL.

(a) A patient shall have the right to the assistance of counsel at every stage of the judicial proceeding under §§ 24-701 to 24-711, and the court shall assign counsel to represent him if the patient is unable to obtain counsel.

(b) The counsel for a patient may inspect the reports of the examination made pursuant to the authority contained in § 24-705. No such report and no evidence resulting from such personal examination or evidence offered by the patient shall be admissible against him in any judicial proceeding except a proceeding under §§ 24-701 to 24-711.

(c) The patient may, prior to the examination made pursuant to the provisions of § 24-705 or prior to the hearing provided for by § 24-707, waive his rights to an examination, to counsel, or to such hearing, and voluntarily submit himself to commitment pursuant to the provisions of §§ 24-701 to 24-711.

(June 24, 1953, 67 Stat. 78, ch. 149, § 7; July 24, 1956, 70 Stat. 610, ch. 676, title I, § 101.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 24-604.

1973 Ed., § 24-604.

§ 24-705. EXAMINATIONS BY PHYSICIANS.

(a) Whenever the Mayor orders a patient into an institution pursuant to the provisions of § 24-703, he shall immediately appoint 2 qualified physicians, 1 of whom shall be a psychiatrist, to examine the said patient, and within 5 days after such appointment, each physician shall file with the United States Attorney for the

District of Columbia, a written report of such examination, which shall include a statement of his conclusion as to whether the patient is a drug user.

(b) The United States Attorney for the District of Columbia shall review the facts and circumstances of each case submitted to him and present by petition those in which he feels justification exists in the public interest to the Superior Court of the District of Columbia for determination and disposition, or dismiss the patient from custody. A copy of such petition shall be served on the patient in open court, at which time the court shall set a hearing date and advise the patient of his right to counsel and his right to demand within 5 days a trial by jury.

(June 24, 1953, 67 Stat. 78, ch. 149, § 5; July 24, 1956, 70 Stat. 610, ch. 676, title I, § 101; July 29, 1970, 84 Stat. 572, Pub. L. 91-358, title I, § 155(c)(31).)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 24-605.

1973 Ed., § 24-605.

Change in Government

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

§ 24-706. WHEN HEARING IS REQUIRED.

If, in a report filed pursuant to § 24-705, either of the examining physicians states that the patient is a drug user, or that he is unable to reach any conclusion by reason of the refusal of the patient to submit to thorough examination, the Court shall conduct a hearing upon petition of the United States Attorney in the manner provided in § 24-707.

(June 24, 1953, 67 Stat. 78, ch. 149, § 6; July 24, 1956, 70 Stat. 610, ch. 676, title I, § 101.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 24-606.

1973 Ed., § 24-606.

§ 24-707. HEARING.

(a) Upon the evidence introduced at a hearing held for that purpose the court shall determine whether the patient is a drug user. The hearing shall be conducted without a jury unless, before such hearing and within 5 days after the date on which the petition is filed pursuant to § 24-705, a jury is demanded by the patient or by the United States Attorney for the District of Columbia. Each patient concerning whom a report is filed shall be detained at such place as the Mayor may designate until the completion of such hearing or until released as provided in § 24-705(b).

(b) The rules of evidence applicable in civil judicial proceedings shall be applicable to hearings pursuant to this section, including the right of the patient to present evidence in his own behalf and to subpoena and cross-examine witnesses. However, no patient examined pursuant to the provisions of §§ 24-701 to 24-711, shall be permitted at any hearing order pursuant to this section to object to the submission of testimony concerning such examination on the ground of privilege.

(June 24, 1953, 67 Stat. 78, ch. 149, § 8; July 24, 1956, 70 Stat. 610, ch. 676, title I, § 101.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 24-607.

1973 Ed., § 24-607.

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

§ 24-708. CONFINEMENT OF PATIENT.

If the court finds the patient to be a drug user, it may commit him to a hospital designated by the patient or the Mayor and approved by the court, to be confined there for rehabilitation until released in accordance with § 24-709. In the event a patient elects to designate a hospital to which he wishes to be committed, he shall be required to satisfy the court that such hospital has medical, rehabilitation, and security facilities comparable to the institutions designated by the Mayor and, in addition, the cost of such hospitalization shall be borne by the patient. The head of the hospital shall submit written reports within such periods as the court may direct, but no longer than 6 months after the commitment and for successive intervals of time thereafter, and state reasons why the patient has not been released.

(June 24, 1953, 67 Stat. 79, ch. 149, § 9; July 24, 1956, 70 Stat. 611, ch. 676, title I, § 101.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 24-608.

1973 Ed., § 24-608.

Change in Government

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

§ 24-709. RELEASE OF PATIENT.

(a) When the head of the hospital to which the patient is committed finds that the patient appears to be no longer in need of confinement for treatment purposes, or has received maximum benefits, he shall give notice to the judge of the committing court, and said patient shall be delivered to the said court for such further action as the court may deem necessary and proper under the provisions of §§ 24-701 to 24-711.

(b) The court, upon petition of the patient after confinement for 1 year, shall inquire into the refusal or failure of the head of the hospital to release him. If the court finds that the patient is no longer in need of care, treatment, guidance, or rehabilitation, or has received maximum benefits, it shall order the patient released, in accordance with the provisions of § 24-710.

(June 24, 1953, 67 Stat. 79, ch. 149, § 10; July 24, 1956, 70 Stat. 611, ch. 676, title I, § 101.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 24-609.

1973 Ed., § 24-609.

§ 24-710. PERIODIC EXAMINATION OF RELEASED PATIENTS.

(a) For 2 years after his release, the patient shall report to the Mayor at such times and places as required, for a physical examination to determine whether the patient has again become a drug user. If the Mayor determines that the person examined is a drug user, he shall then order the patient into an institution in accordance with the provisions of §§ 24-701 to 24-711.

(b) Upon the failure of any patient to report in accordance with the provisions of subsection (a) of this section, the United States Attorney for the District of Columbia shall be notified of such failure, and a statement of such failure to report shall be filed with the court. The court shall issue an attachment for the patient and order him confined forthwith for examination and such further action as the court may deem necessary and proper under the provisions of §§ 24-701 to 24-711.

(June 24, 1953, 67 Stat. 79, ch. 149, § 11; July 24, 1956, 70 Stat. 611, ch. 676, title I, § 101.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 24-610.

1973 Ed., § 24-610.

Change in Government

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

§ 24-711. PATIENT NOT DEEMED A CRIMINAL.

The patient in any proceedings under §§ 24-701 to 24-711 shall not be deemed a criminal and the commitment of any such patient shall not be deemed a conviction.

(June 24, 1953, 67 Stat. 79, ch. 149, § 12; July 24, 1956, 70 Stat. 612, ch. 676, title I, § 101.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 24-611.

1973 Ed., § 24-611.

§ 24-712. [OMITTED]

§ 24-713. CARE AND TREATMENT OF DRUG USERS; AUTHORITY OF SURGEON GENERAL.

(a) The Surgeon General is authorized to provide for the confinement, care, protection, treatment, and discipline of persons addicted to the use of habit-forming narcotic drugs who are civilly committed to treatment under the Narcotic Addict Rehabilitation Act of 1966, addicts who voluntarily submit themselves for treatment, and addicts and other persons with drug abuse and drug dependence problems convicted of offenses against the United States and who are not sentenced to treatment under the Narcotic Addict Rehabilitation Act of 1966, including persons convicted by general courts-martial and consular courts. Such care and treatment shall be provided at hospitals of the Public Health Service especially equipped for the accommodation of such patients or elsewhere where authorized under other provisions of law, and shall be designed to rehabilitate such persons, to restore them to health, and, where necessary, to train them to be self-supporting and self-reliant; but nothing in this section or in §§ 257 to 261a of Title 42, United States Code, shall be construed to limit the authority of the Surgeon General under other provisions of law to provide for the conditional release of patients and for aftercare under supervision. In carrying out this subsection, the Secretary shall establish in each hospital and other appropriate medical facility of the Service a treatment and rehabilitation program for drug addicts and other persons with drug abuse and drug dependence problems who are in the area served by such hospital or other facility; except that the requirement of this sentence shall not apply in the case of any such hospital or other facility with respect to

which the Secretary determines that there is not sufficient need for such a program in such hospital or other facility.

(b) Upon the admittance to, and departure from, a hospital of the Service of a person who voluntarily submitted himself for treatment pursuant to the provisions of this section, and who at the time of his admittance to such hospital was a resident of the District of Columbia, the Surgeon General shall furnish to the Mayor of the District of Columbia or his designated agent, the name, address, and such other pertinent information as may be useful in the rehabilitation to society of such person.

(c) The Secretary may enter into agreements with the Administrator of Veterans' Affairs, the Secretary of Defense, and the head of any other department or agency of the government under which agreements hospitals and other appropriate medical facilities of the Service may be used in treatment and rehabilitation programs provided by such department or agency for drug addicts and other persons with drug abuse and other drug dependence problems who are in areas served by such hospitals or other facilities.

(July 1, 1944, 58 Stat. 698, ch. 373, title III, § 341; May 8, 1954, 68 Stat. 80, ch. 195, § 3; July 24, 1956, 70 Stat. 622, ch. 676, title III, § 302(a); Nov. 8, 1966, 80 Stat. 1449, Pub. L. 89-793, title VI, § 601; Oct. 27, 1970, 84 Stat. 1240, Pub. L. 91-513, title I, § 2(a)(1); Mar. 21, 1972, 86 Stat. 77, Pub. L. 92-255, § 402; Oct. 12, 1984, 98 Stat. 2031, Pub. L. 98-473, § 232(a).)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 24-613.

1973 Ed., § 24-613.

References in Text

The Narcotic Addict Rehabilitation Act of 1966, referred to in subsection (a) of this section, is codified in 18 U.S.C. §§ 4251 to 4255, 28 U.S.C. §§ 2901 to 2906, and 42 U.S.C. §§ 3411 to 3426, 3441.

18 U.S.C. §§ 4251 to 4255 were repealed by Pub. L. 98-473, title II, § 218(a)(6), 98 Stat. 2027 effective November 1, 1987 except that the sections remain applicable for five years to individuals who committed offense or acts prior to November 1, 1987.

Change in Government

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

Transfer of Functions

All functions of Public Health Service, of the Surgeon General of the Public Health Service, and of all other officers and employees of the Public Health Service, and all functions of all agencies of or in the Public Health Service were transferred to the Secretary of Health, Education, and Welfare by 1966 Reorganization Plan No. 3, 80 Stat. 1610. The functions of the Department of Health, Education, and Welfare were transferred to the Department of Health and Human Services by the Act of October 17, 1979, 93 Stat. 695, Pub. L. 96-88, § 509.

§ 24-714. ADMITTANCE INTO PUBLIC HEALTH SERVICE HOSPITALS; NARCOTICS USERS FROM DISTRICT.

(a) The Surgeon General is authorized to admit for care and treatment in any hospital of the Public Health Service suitably equipped therefor, and thereafter to transfer between hospitals of the Service in accordance with § 248b of Title 42, United States Code, any addict who is committed, under the provisions of §§ 24-701 to 24-711, to the Service or to a hospital thereof for care and treatment and who the Surgeon General determines is a proper subject for such care and treatment. No such addict shall be admitted unless:

(1) He is committed prior to July 1, 1958; and

(2) At the time of his commitment, the number of persons in hospitals of the Service who have been admitted pursuant to this subsection is less than 100; and

(3) Suitable accommodations are available after all eligible addicts convicted of offenses against the United States have been admitted.

(b) Any person admitted to a hospital of the Service pursuant to subsection (a) of this section shall be discharged therefrom: (1) upon order of the Superior Court of the District of Columbia; or (2) when he is found by the Surgeon General to be cured and rehabilitated. When any such person is so discharged, the Surgeon General shall give notice thereof to the Superior Court of the District of Columbia and shall deliver such person to such court for such further action as such court may deem necessary and proper under the provisions of §§ 24-701 to 24-711.

(c) With respect to the detention, transfer, parole, or discharge of any person committed to a hospital of the Service in accordance with subsection (a) of this section, the Surgeon General and the officer in charge of the hospital, in addition to authority otherwise vested in them, shall have such authority as may be conferred upon them, respectively, by the order of the committing court.

(d) The cost of providing care and treatment for persons admitted to a hospital of the Service pursuant to subsection (a) of this section shall be a charge upon the District of Columbia and shall be paid by the District of Columbia to the Public Health Service, either in advance or otherwise, as may be determined by the Surgeon General. Such cost may be determined for each addict or on the basis of rates established for all or particular classes of patients, and shall include the cost of transportation to and from facilities or the Public Health Service. Moneys so paid to the Public Health Service shall be covered into the Treasury of the United States as miscellaneous receipts. Appropriations available for the care and treatment of addicts admitted to a hospital of the Service under this section shall be available, subject to regulations, for paying the cost of transportation to the District of Columbia, including subsistence allowance while traveling, for any such addict who is discharged.

(July 1, 1944, ch. 373, title III, § 345; May 8, 1954, 68 Stat. 80, ch. 195, § 2; July 24, 1956, 70 Stat. 622, ch. 676, title III, § 302(c); July 29, 1970, 84 Stat. 572, Pub. L. 91-358, title I, § 155(c)(32).)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 24-614.

1973 Ed., § 24-614.

Transfer of Functions

All functions of Public Health Service, of the Surgeon General of the Public Health Service, and of all other officers and employees of the Public Health Service, and all functions of all agencies of or in the Public Health Service were transferred to the Secretary of Health, Education, and Welfare by 1966 Reorganization Plan No. 3, 80 Stat. 1610. The functions of the Department of Health, Education, and Welfare were transferred to the Department of Health and Human Services by the Act of October 17, 1979, 93 Stat. 695, Pub. L. 96-88, § 509.

§ 24-715. RELEASE OF PATIENTS.

For purposes of §§ 24-713 to 24-715, an individual shall be deemed cured of his addiction, drug abuse, or drug dependence and rehabilitated if the Surgeon General determines that he has received the maximum benefits of treatment and care by the Service for his addiction, drug abuse, or drug dependence or if the Surgeon General determines that his further treatment and care for such purpose would be detrimental to the interests of the Service.

(July 1, 1944, ch. 373, title III, § 347; May 8, 1954, 68 Stat. 81, ch. 195, § 4; Oct. 27, 1970, 84 Stat. 1240, Pub. L. 91-513, title I, § 2(a)(4).)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 24-615.

1973 Ed., § 24-615.

Transfer of Functions

All functions of Public Health Service, of the Surgeon General of the Public Health Service, and of all other officers and employees of the Public Health Service, and all functions of all agencies of or in the Public Health Service were transferred to the Secretary of Health, Education, and Welfare by 1966 Reorganization Plan No. 3, 80 Stat. 1610. The functions of the Department of Health, Education, and Welfare were transferred to the Department of Health and Human Services by the Act of October 17, 1979, 93 Stat. 695, Pub. L. 96-88, § 509.