



House of Representatives

File No. 642

General Assembly

February Session, 2002

(Reprint of File No. 431)

House Bill No. 5763
As Amended by House
Amendment Schedules
"A", "B", "C" and "F"

Approved by the Legislative Commissioner
May 4, 2002

**AN ACT AUTHORIZING THE DESIGNATION OF A PERSON TO
ASSUME OWNERSHIP OF A MOTOR VEHICLE UPON THE DEATH OF
THE OWNER AND AUTHORIZING THE DESIGNATION OF A PERSON
FOR CERTAIN OTHER PURPOSES.**

Be it enacted by the Senate and House of Representatives in General
Assembly convened:

1 Section 1. Section 14-16 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective January 1, 2003*):

3 (a) A motor vehicle registration expires upon transfer of ownership
4 of the motor vehicle. The person in whose name the motor vehicle is
5 registered shall return to the commissioner, within twenty-four hours
6 of the motor vehicle's transfer, the certificate of registration, the
7 number plate or plates issued for the vehicle together with a written
8 notice, subject to the penalties of false statement, containing the date
9 that ownership of the vehicle was transferred and the name, residence
10 and post-office address of the owner. The following statement shall
11 appear directly above the space provided for the signature of the
12 person filing the form: "I declare under the penalties of false statement

13 that this notice has been examined by me and to the best of my
14 knowledge and belief is complete, and the statements made herein are
15 true and correct."

16 (b) If a motor vehicle is owned by one owner who is a natural
17 person, such owner may designate, in writing in a space provided on
18 the certificate of registration for such motor vehicle, a beneficiary who
19 shall assume ownership of such motor vehicle after the death of the
20 owner and upon the making of an application pursuant to this
21 subsection. The owner making such designation shall have all rights of
22 ownership of such motor vehicle during the owner's life and the
23 beneficiary shall have no rights in such motor vehicle until such time
24 as the owner dies and an application is made pursuant to this
25 subsection. Not later than sixty days after the death of the owner, the
26 beneficiary may make application to the commissioner for the issuance
27 of a certificate of title and a certificate of registration for such motor
28 vehicle in the beneficiary's name. Such application shall be
29 accompanied by: (1) The original certificate of registration in which the
30 beneficiary is designated pursuant to this subsection; (2) a death
31 certificate for the deceased owner; (3) such proof of the beneficiary's
32 identity as the commissioner may require; (4) the transfer fee required
33 by subsection (c) of this section; and (5) any applicable fees for
34 registration, title and number plates as required under this chapter and
35 chapter 247. If the beneficiary fails to make such application within the
36 time period specified in this subsection, the beneficiary shall have no
37 right to obtain ownership of and title to such motor vehicle under this
38 subsection after the expiration of such time period. The right of the
39 beneficiary to obtain ownership of and title to such motor vehicle
40 under this subsection shall be subordinate to the rights of each
41 lienholder whose security interest in such motor vehicle is duly
42 recorded pursuant to chapter 247. The commissioner may adopt
43 regulations, in accordance with chapter 54, to implement the
44 provisions of this subsection.

45 [(b)] (c) If the owner of a registered motor vehicle dies, the
46 registration for the vehicle shall, unless the vehicle is destroyed,

47 continue in force as a valid registration until the end of the registration
48 period unless: (1) Ownership of the vehicle is transferred pursuant to
49 subsection (b) of this section or by the deceased owner's executor,
50 administrator, legatee or distributee prior to the end of the registration
51 period, in which case the registration shall continue in force until the
52 time of the transfer; or (2) ownership of the vehicle is transferred to the
53 brother, sister, father, mother, child or spouse of the owner, in which
54 case the registration shall, upon the payment of a fee of five dollars,
55 continue in force until the end of the registration period or until the
56 ownership is sooner transferred to a person other than such a relative.
57 On and after July 1, 1986, the fee shall be ten dollars, on and after July
58 1, 1988, eleven dollars, and on and after July 1, 1992, twelve dollars. If
59 at the end of the registration period the relative has not transferred
60 ownership of the vehicle and the relative applies for registration of the
61 vehicle, the registration shall not be subject to the provisions of
62 subsection (a) of section 12-71b.

63 [(c)] (d) If a motor vehicle is transferred in connection with the
64 organization, reorganization or dissolution, or because of the partial
65 liquidation, of an incorporated or unincorporated business in which
66 gain or loss to the transferor is not recognized for federal income tax
67 purposes under the Internal Revenue Code and Treasury regulations
68 and rulings issued thereunder, the registration of the vehicle shall,
69 upon the payment of a fee of five dollars, continue in force until the
70 end of the registration period or until the registration is sooner
71 transferred to anyone outside the original business organization. On
72 and after July 1, 1986, the fee shall be ten dollars, on and after July 1,
73 1988, eleven dollars, and on and after July 1, 1992, twelve dollars. If the
74 transferee of the motor vehicle has not transferred ownership of the
75 motor vehicle to anyone outside the original business organization at
76 the end of the registration period and the transferee applies for a
77 registration for the vehicle, the registration shall not be subject to the
78 provisions of subsection (a) of section 12-71b.

79 [(d)] (e) A person who transfers ownership of a registered motor
80 vehicle to another may have registered in his name, upon the filing of a

81 new application and the payment of the fee required by subsection (i)
82 of section 14-49, as amended by this act, another motor vehicle for the
83 remainder of the registration period if the gross weight of the other
84 motor vehicle is the same or less than that of the transferred motor
85 vehicle and the registration of the transferred motor vehicle has been
86 surrendered. If the gross weight of the other motor vehicle is greater
87 than the gross weight of the motor vehicle the registration of which has
88 been surrendered, the applicant shall pay, in addition to such fee, the
89 difference between the fee paid by him for the surrendered registration
90 and the fee for the registration of the motor vehicle of greater gross
91 weight. The minimum fee for any such transfer shall be five dollars.
92 On and after July 1, 1985, the minimum fee shall be seven dollars and
93 fifty cents, on and after July 1, 1986, ten dollars, on and after July 1,
94 1988, eleven dollars, and on and after July 1, 1992, twelve dollars.

95 [(e)] (f) Any person may transfer an unexpired registration of a
96 motor vehicle such person owns or leases for a period of one year or
97 more, to another motor vehicle owned or so leased by such person
98 upon payment of the fee required by subsection (i) of section 14-49, as
99 amended by this act. Any person transferring such a leased motor
100 vehicle shall provide the commissioner with evidence that the lessor
101 has granted permission for such transfer. If a transfer is made to a
102 motor vehicle of greater gross weight or from one class of registration
103 to another, credit shall be given toward the new registration in
104 accordance with schedules established by the commissioner. The
105 commissioner may adopt regulations, in accordance with chapter 54,
106 to implement the provisions of this subsection.

107 [(f)] (g) Any person who sells any motor vehicle, other than a new
108 motor vehicle, for which a certificate of title has not been issued and
109 which is not registered under the provisions of subsections (e) or (g) of
110 section 14-12, as amended, shall, within forty-eight hours of the sale,
111 certify under oath to the commissioner, on blanks provided by him,
112 such information as the commissioner may require. Until the
113 commissioner receives the certification under oath required by this
114 subsection, he shall not issue a registration other than for a new motor

115 vehicle and shall not renew a registration other than for the same
116 owner.

117 ~~[(g)]~~ (h) Any person who violates any provision of subsection (a) of
118 this section shall be subject to the penalty provided for false statement.
119 Any person who violates any provision of subsection ~~[(f)]~~ (g) of this
120 section shall, for a first offense, be deemed to have committed an
121 infraction, and, for a subsequent offense, shall be fined not more than
122 five hundred dollars or imprisoned not more than one year or both.

123 Sec. 2. Subsection (i) of section 14-49 of the general statutes is
124 repealed and the following is substituted in lieu thereof (*Effective*
125 *January 1, 2003*):

126 (i) For the transfer of the registration of a motor vehicle previously
127 registered, except as provided in subsection ~~[(d)]~~ (e) of section 14-16, as
128 amended by this act, and subsection (d) of section 14-253a, there shall
129 be charged a fee of eleven dollars.

130 Sec. 3. (NEW) (*Effective October 1, 2002*) (a) Any person eighteen
131 years of age or older may execute a document that designates another
132 person eighteen years of age or older to make certain decisions on
133 behalf of the maker of such document and have certain rights and
134 obligations with respect to the maker of such document under section
135 1-1k, subsection (b) of section 14-16, subsection (b) of section 17a-543,
136 subsection (a) of section 19a-279c, section 19a-550, subsection (a) of
137 section 19a-571, 19a-580, subsection (b) of section 19a-578, section 31-
138 51jj, section 54-85d, section 54-91c, section 54-126a of the general
139 statutes, as amended by this act, or chapter 968 of the general statutes.

140 (b) Such document shall be signed, dated and acknowledged by the
141 maker before a notary public or other person authorized to take
142 acknowledgments, and be witnessed by at least two persons. Such
143 document may be revoked at any time by the maker, or by a person in
144 the maker's presence and at the maker's direction, burning, canceling,
145 tearing or obliterating such document or by the execution of a
146 subsequent document by the maker in accordance with subsection (a)

147 of this section.

148 (c) Any person who is presented with a document executed in
149 accordance with this section shall honor and give effect to such
150 document for the purposes therein indicated.

151 Sec. 4. Subsection (b) of section 17a-543 of the general statutes is
152 repealed and the following is substituted in lieu thereof (*Effective*
153 *October 1, 2002*):

154 (b) No medical or surgical procedures may be performed without
155 the patient's written informed consent or, if the patient has been
156 declared incapable of caring for himself or herself pursuant to sections
157 45a-644 to 45a-662, inclusive, and a conservator of the person has been
158 appointed pursuant to section 45a-650, the written consent of such
159 conservator. If the head of the hospital, in consultation with a
160 physician, determines that the condition of an involuntary patient not
161 declared incapable of caring for himself or herself pursuant to said
162 sections is of an extremely critical nature and such patient is incapable
163 of informed consent, medical or surgical procedures may be performed
164 with the written informed consent of: (1) The patient's conservator or
165 guardian, if he or she has one; [or] (2) such person's next of kin; (3) a
166 person designated by the patient pursuant to section 3 of this act; or
167 [(3)] (4) a qualified physician appointed by a judge of the Probate
168 Court. Notwithstanding the provisions of this section, if obtaining the
169 consent provided for in this section would cause a medically harmful
170 delay to a voluntary or involuntary patient whose condition is of an
171 extremely critical nature, as determined by personal observation by a
172 physician or the senior clinician on duty, emergency treatment may be
173 provided without consent.

174 Sec. 5. Subsection (a) of section 19a-279c of the general statutes is
175 repealed and the following is substituted in lieu thereof (*Effective*
176 *October 1, 2002*):

177 (a) Any member of the following classes of persons, in the order of
178 priority listed, may make an anatomical gift of all or a part of the

179 decedent's body for an authorized purpose, unless the decedent, before
180 or at the time of death, has made an unrevoked refusal to make that
181 anatomical gift: (1) The spouse of the decedent; (2) a person designated
182 by the decedent pursuant to section 3 of this act; (3) an adult son or
183 daughter of the decedent; [(3)] (4) either parent of the decedent; [(4)]
184 (5) an adult brother or sister of the decedent; [(5)] (6) a grandparent of
185 the decedent; [(6)] (7) a guardian of the person of the decedent at the
186 time of death; [(7)] (8) any person legally authorized to make health
187 care decisions for the decedent prior to death, including, but not
188 limited to, a health care agent appointed under section 19a-576; and
189 [(8)] (9) a conservator of the person, as defined in section 45a-644.

190 Sec. 6. Section 19a-550 of the general statutes, as amended by section
191 161 of public act 01-195, is repealed and the following is substituted in
192 lieu thereof (*Effective October 1, 2002*):

193 (a) (1) As used in this section, (A) "nursing home facility" shall have
194 the same meaning as provided in section 19a-521, and (B) "chronic
195 disease hospital" means a long-term hospital having facilities, medical
196 staff and all necessary personnel for the diagnosis, care and treatment
197 of chronic diseases; and (2) for the purposes of subsections (c) and (d)
198 of this section, and subsection (b) of section 19a-537, "medically
199 contraindicated" means a comprehensive evaluation of the impact of a
200 potential room transfer on the patient's physical, mental and
201 psychosocial well-being, which determines that the transfer would
202 cause new symptoms or exacerbate present symptoms beyond a
203 reasonable adjustment period resulting in a prolonged or significant
204 negative outcome that could not be ameliorated through care plan
205 intervention, as documented by a physician in a patient's medical
206 record.

207 (b) There is established a patients' bill of rights for any person
208 admitted as a patient to any nursing home facility or chronic disease
209 hospital. The patients' bill of rights shall be implemented in accordance
210 with the provisions of Sections 1919(c)(2), 1919(c)(2)(D) and
211 1919(c)(2)(E) of the Social Security Act. The patients' bill of rights shall

212 provide that each such patient: (1) Is fully informed, as evidenced by
213 the patient's written acknowledgment, prior to or at the time of
214 admission and during the patient's stay, of the rights set forth in this
215 section and of all rules and regulations governing patient conduct and
216 responsibilities; (2) is fully informed, prior to or at the time of
217 admission and during the patient's stay, of services available in the
218 facility, and of related charges including any charges for services not
219 covered under Titles XVIII or XIX of the Social Security Act, or not
220 covered by basic per diem rate; (3) is entitled to choose the patient's
221 own physician and is fully informed, by a physician, of the patient's
222 medical condition unless medically contraindicated, as documented by
223 the physician in the patient's medical record, and is afforded the
224 opportunity to participate in the planning of the patient's medical
225 treatment and to refuse to participate in experimental research; (4) in a
226 residential care home or a chronic disease hospital is transferred from
227 one room to another within the facility only for medical reasons, or for
228 the patient's welfare or that of other patients, as documented in the
229 patient's medical record and such record shall include documentation
230 of action taken to minimize any disruptive effects of such transfer,
231 except a patient who is a Medicaid recipient may be transferred from a
232 private room to a nonprivate room, provided no patient may be
233 involuntarily transferred from one room to another within the facility
234 if (A) it is medically established that the move will subject the patient
235 to a reasonable likelihood of serious physical injury or harm, or (B) the
236 patient has a prior established medical history of psychiatric problems
237 and there is psychiatric testimony that as a consequence of the
238 proposed move there will be exacerbation of the psychiatric problem
239 which would last over a significant period of time and require
240 psychiatric intervention; and in the case of an involuntary transfer
241 from one room to another within the facility, the patient and, if known,
242 the patient's legally liable relative, guardian or conservator or a person
243 designated by the patient in accordance with section 3 of this act, is
244 given at least thirty days' and no more than sixty days' written notice
245 to ensure orderly transfer from one room to another within the facility,
246 except where the health, safety or welfare of other patients is

247 endangered or where immediate transfer from one room to another
248 within the facility is necessitated by urgent medical need of the patient
249 or where a patient has resided in the facility for less than thirty days, in
250 which case notice shall be given as many days before the transfer as
251 practicable; (5) is encouraged and assisted, throughout the patient's
252 period of stay, to exercise the patient's rights as a patient and as a
253 citizen, and to this end may voice grievances and recommend changes
254 in policies and services to facility staff or to outside representatives of
255 the patient's choice, free from restraint, interference, coercion,
256 discrimination or reprisal; (6) shall have prompt efforts made by the
257 facility to resolve grievances the patient may have, including those
258 with respect to the behavior of other patients; (7) may manage the
259 patient's personal financial affairs, and is given a quarterly accounting
260 of financial transactions made on the patient's behalf; (8) is free from
261 mental and physical abuse, corporal punishment, involuntary
262 seclusion and any physical or chemical restraints imposed for
263 purposes of discipline or convenience and not required to treat the
264 patient's medical symptoms. Physical or chemical restraints may be
265 imposed only to ensure the physical safety of the patient or other
266 patients and only upon the written order of a physician that specifies
267 the type of restraint and the duration and circumstances under which
268 the restraints are to be used, except in emergencies until a specific
269 order can be obtained; (9) is assured confidential treatment of the
270 patient's personal and medical records, and may approve or refuse
271 their release to any individual outside the facility, except in case of the
272 patient's transfer to another health care institution or as required by
273 law or third-party payment contract; (10) receives services with
274 reasonable accommodation of individual needs and preferences,
275 except where the health or safety of the individual would be
276 endangered, and is treated with consideration, respect, and full
277 recognition of the patient's dignity and individuality, including
278 privacy in treatment and in care for the patient's personal needs; (11) is
279 not required to perform services for the facility that are not included
280 for therapeutic purposes in the patient's plan of care; (12) may
281 associate and communicate privately with persons of the patient's

282 choice, including other patients, send and receive the patient's
283 personal mail unopened and make and receive telephone calls
284 privately, unless medically contraindicated, as documented by the
285 patient's physician in the patient's medical record, and receives
286 adequate notice before the patient's room or roommate in the facility is
287 changed; (13) is entitled to organize and participate in patient groups
288 in the facility and to participate in social, religious and community
289 activities that do not interfere with the rights of other patients, unless
290 medically contraindicated, as documented by the patient's physician in
291 the patient's medical records; (14) may retain and use the patient's
292 personal clothing and possessions unless to do so would infringe upon
293 rights of other patients or unless medically contraindicated, as
294 documented by the patient's physician in the patient's medical record;
295 (15) [if married,] is assured privacy for visits by the patient's spouse or
296 a person designated by the patient in accordance with section 3 of this
297 act and, if [both] the patient is married and both the patient and the
298 patient's spouse are inpatients in the facility, they are permitted to
299 share a room, unless medically contraindicated, as documented by the
300 attending physician in the medical record; (16) is fully informed of the
301 availability of and may examine all current state, local and federal
302 inspection reports and plans of correction; (17) may organize, maintain
303 and participate in a patient-run resident council, as a means of
304 fostering communication among residents and between residents and
305 staff, encouraging resident independence and addressing the basic
306 rights of nursing home and chronic disease hospital patients and
307 residents, free from administrative interference or reprisal; (18) is
308 entitled to the opinion of two physicians concerning the need for
309 surgery, except in an emergency situation, prior to such surgery being
310 performed; (19) is entitled to have the patient's family or a person
311 designated by the patient in accordance with section 3 of this act meet
312 in the facility with the families of other patients in the facility to the
313 extent the facility has existing meeting space available which meets
314 applicable building and fire codes; (20) is entitled to file a complaint
315 with the Department of Social Services and the Department of Public
316 Health regarding patient abuse, neglect or misappropriation of patient

317 property; (21) is entitled to have psychopharmacologic drugs
318 administered only on orders of a physician and only as part of a
319 written plan of care designed to eliminate or modify the symptoms for
320 which the drugs are prescribed and only if, at least annually, an
321 independent external consultant reviews the appropriateness of the
322 drug plan; (22) is entitled to be transferred or discharged from the
323 facility only pursuant to section 19a-535 or section 19a-535b, as
324 applicable; (23) is entitled to be treated equally with other patients
325 with regard to transfer, discharge and the provision of all services
326 regardless of the source of payment; (24) shall not be required to waive
327 any rights to benefits under Medicare or Medicaid or to give oral or
328 written assurance that the patient is not eligible for, or will not apply
329 for benefits under Medicare or Medicaid; (25) is entitled to be provided
330 information by the facility as to how to apply for Medicare or
331 Medicaid benefits and how to receive refunds for previous payments
332 covered by such benefits; (26) on or after October 1, 1990, shall not be
333 required to give a third party guarantee of payment to the facility as a
334 condition of admission to, or continued stay in, the facility; (27) in the
335 case of an individual who is entitled to medical assistance, is entitled to
336 have the facility not charge, solicit, accept or receive, in addition to any
337 amount otherwise required to be paid under Medicaid, any gift,
338 money, donation or other consideration as a precondition of admission
339 or expediting the admission of the individual to the facility or as a
340 requirement for the individual's continued stay in the facility; and (28)
341 shall not be required to deposit the patient's personal funds in the
342 facility.

343 (c) The patients' bill of rights shall provide that a patient in a rest
344 home with nursing supervision or a chronic and convalescent nursing
345 home may be transferred from one room to another within a facility
346 only for the purpose of promoting the patient's well-being, except as
347 provided pursuant to subparagraph (C) or (D) of this subsection or
348 subsection (d) of this section. Whenever a patient is to be transferred,
349 the facility shall effect the transfer with the least disruption to the
350 patient and shall assess, monitor and adjust care as needed subsequent

351 to the transfer in accordance with subdivision (10) of subsection (b) of
352 this section. When a transfer is initiated by the facility and the patient
353 does not consent to the transfer, the facility shall establish a
354 consultative process that includes the participation of the attending
355 physician, a registered nurse with responsibility for the patient and
356 other appropriate staff in disciplines as determined by the patient's
357 needs, and the participation of the patient, the patient's family, a
358 person designated by the patient in accordance with section 3 of this
359 act or other representative. The consultative process shall determine:
360 (1) What caused consideration of the transfer; (2) whether the cause
361 can be removed; and (3) if not, whether the facility has attempted
362 alternatives to transfer. The patient shall be informed of the risks and
363 benefits of the transfer and of any alternatives. If subsequent to the
364 completion of the consultative process a patient still does not wish to
365 be transferred, the patient may be transferred without the patient's
366 consent, unless medically contraindicated, only (A) if necessary to
367 accomplish physical plant repairs or renovations that otherwise could
368 not be accomplished; provided, if practicable, the patient, if the patient
369 wishes, shall be returned to the patient's room when the repairs or
370 renovations are completed; (B) due to irreconcilable incompatibility
371 between or among roommates, which is actually or potentially harmful
372 to the well-being of a patient; (C) if the facility has two vacancies
373 available for patients of the same sex in different rooms, there is no
374 applicant of that sex pending admission in accordance with the
375 requirements of section 19a-533 and grouping of patients by the same
376 sex in the same room would allow admission of patients of the
377 opposite sex, which otherwise would not be possible; (D) if necessary
378 to allow access to specialized medical equipment no longer needed by
379 the patient and needed by another patient; or (E) if the patient no
380 longer needs the specialized services or programming that is the focus
381 of the area of the facility in which the patient is located. In the case of
382 an involuntary transfer, the facility shall, subsequent to completion of
383 the consultative process, provide the patient and the patient's legally
384 liable relative, guardian or conservator if any or other responsible
385 party if known, with at least fifteen days' written notice of the transfer,

386 which shall include the reason for the transfer, the location to which
387 the patient is being transferred, and the name, address and telephone
388 number of the regional long-term care ombudsman, except that in the
389 case of a transfer pursuant to subparagraph (A) of this subsection at
390 least thirty days' notice shall be provided. Notwithstanding the
391 provisions of this subsection, a patient may be involuntarily
392 transferred immediately from one room to another within a facility to
393 protect the patient or others from physical harm, to control the spread
394 of an infectious disease, to respond to a physical plant or
395 environmental emergency that threatens the patient's health or safety
396 or to respond to a situation that presents a patient with an immediate
397 danger of death or serious physical harm. In such a case, disruption of
398 patients shall be minimized; the required notice shall be provided
399 within twenty-four hours after the transfer; if practicable, the patient, if
400 the patient wishes, shall be returned to the patient's room when the
401 threat to health or safety which prompted the transfer has been
402 eliminated; and, in the case of a transfer effected to protect a patient or
403 others from physical harm, the consultative process shall be
404 established on the next business day.

405 (d) Notwithstanding the provisions of subsection (c) of this section,
406 unless medically contraindicated, a patient who is a Medicaid recipient
407 may be transferred from a private to a nonprivate room. In the case of
408 such a transfer, the facility shall (1) give at least thirty days' written
409 notice to the patient and the patient's legally liable relative, guardian
410 or conservator, if any, a person designated by the patient in accordance
411 with section 3 of this act or other responsible party, if known, which
412 notice shall include the reason for the transfer, the location to which
413 the patient is being transferred and the name, address and telephone
414 number of the regional long-term care ombudsman; and (2) establish a
415 consultative process to effect the transfer with the least disruption to
416 the patient and assess, monitor and adjust care as needed subsequent
417 to the transfer in accordance with subdivision (10) of subsection (b) of
418 this section. The consultative process shall include the participation of
419 the attending physician, a registered nurse with responsibility for the

420 patient and other appropriate staff in disciplines as determined by the
421 patient's needs, and the participation of the patient, the patient's
422 family, a person designated by the patient in accordance with section 3
423 of this act or other representative.

424 (e) Any facility that negligently deprives a patient of any right or
425 benefit created or established for the well-being of the patient by the
426 provisions of this section shall be liable to such patient in a private
427 cause of action for injuries suffered as a result of such deprivation.
428 Upon a finding that a patient has been deprived of such a right or
429 benefit, and that the patient has been injured as a result of such
430 deprivation, damages shall be assessed in the amount sufficient to
431 compensate such patient for such injury. In addition, where the
432 deprivation of any such right or benefit is found to have been wilful or
433 in reckless disregard of the rights of the patient, punitive damages may
434 be assessed. A patient may also maintain an action pursuant to this
435 section for any other type of relief, including injunctive and
436 declaratory relief, permitted by law. Exhaustion of any available
437 administrative remedies shall not be required prior to commencement
438 of suit under this section.

439 (f) In addition to the rights specified in subsections (b), (c) and (d) of
440 this section, a patient in a nursing home facility is entitled to have the
441 facility manage the patient's funds as provided in section 19a-551.

442 Sec. 7. Subsection (a) of section 19a-571 of the general statutes is
443 repealed and the following is substituted in lieu thereof (*Effective*
444 *October 1, 2002*):

445 (a) Subject to the provisions of subsection (c) of this section, any
446 physician licensed under chapter 370 or any licensed medical facility
447 who or which withholds, removes or causes the removal of a life
448 support system of an incapacitated patient shall not be liable for
449 damages in any civil action or subject to prosecution in any criminal
450 proceeding for such withholding or removal, provided (1) the decision
451 to withhold or remove such life support system is based on the best

452 medical judgment of the attending physician in accordance with the
453 usual and customary standards of medical practice; (2) the attending
454 physician deems the patient to be in a terminal condition or, in
455 consultation with a physician qualified to make a neurological
456 diagnosis who has examined the patient, deems the patient to be
457 permanently unconscious; and (3) the attending physician has
458 considered the patient's wishes concerning the withholding or
459 withdrawal of life support systems. In the determination of the wishes
460 of the patient, the attending physician shall consider the wishes as
461 expressed by a document executed in accordance with sections 19a-575
462 and 19a-575a, if any such document is presented to, or in the
463 possession of, the attending physician at the time the decision to
464 withhold or terminate a life support system is made. If the wishes of
465 the patient have not been expressed in a living will the attending
466 physician shall determine the wishes of the patient by consulting any
467 statement made by the patient directly to the attending physician and,
468 if available, the patient's health care agent, the patient's next of kin, the
469 patient's legal guardian or conservator, if any, any person designated
470 by the patient in accordance with section 3 of this act and any other
471 person to whom the patient has communicated his wishes, if the
472 attending physician has knowledge of such person. All persons acting
473 on behalf of the patient shall act in good faith. If the attending
474 physician does not deem the incapacitated patient to be in a terminal
475 condition or permanently unconscious, beneficial medical treatment
476 including nutrition and hydration must be provided.

477 Sec. 8. Subsection (b) of section 19a-578 of the general statutes is
478 repealed and the following is substituted in lieu thereof (*Effective*
479 *October 1, 2002*):

480 (b) A physician or other health care provider who is furnished with
481 a copy of a written living will or appointment of health care agent shall
482 make it a part of the declarant's medical record. A physician or other
483 health care provider shall also record in the patient's medical record
484 any oral communication concerning any aspect of his health care,
485 including the withholding or withdrawal of life support systems, made

486 by the patient directly to the physician or other health care provider or
487 to the patient's health care agent, legal guardian, conservator, [or] next-
488 of-kin or person designated in accordance with section 3 of this act.

489 Sec. 9. Section 19a-580 of the general statutes is repealed and the
490 following is substituted in lieu thereof (*Effective October 1, 2002*):

491 Within a reasonable time prior to withholding or causing the
492 removal of any life support system pursuant to sections 19a-570, 19a-
493 571, 19a-573 and 19a-575 to 19a-580c, inclusive, as amended by this act,
494 the attending physician shall make reasonable efforts to notify the
495 individual's health care agent, next-of-kin, [and] legal guardian, [or]
496 conservator or person designated in accordance with section 3 of this
497 act, if available.

498 Sec. 10. Section 31-51jj of the general statutes is repealed and the
499 following is substituted in lieu thereof (*Effective October 1, 2002*):

500 (a) For purposes of this section:

501 (1) "Emergency" means a situation in which a member of the
502 employee's family or a person designated by the employee in
503 accordance with section 3 of this act has died, has experienced a
504 serious physical injury or is ill and in need of medical attention; and

505 (2) "Member of the employee's family" means a mother, father,
506 husband, wife, son, daughter, sister or brother of the employee.

507 (b) An employer shall notify an employee of an incoming
508 emergency telephone call for the employee if the caller states that the
509 emergency involves a member of the employee's family or a person
510 designated by the employee in accordance with section 3 of this act. It
511 shall not be a violation of this section if the employer proves, by a
512 preponderance of the evidence, that he or she made reasonable efforts
513 to notify the employee of the emergency telephone call.

514 (c) The failure of an employer to comply with any provision of this
515 section shall be an infraction.

516 Sec. 11. Section 1-1k of the general statutes is repealed and the
517 following is substituted in lieu thereof (*Effective October 1, 2002*):

518 Except as otherwise provided by the general statutes, "victim of
519 crime" or "crime victim" means an individual who suffers direct or
520 threatened physical, emotional or financial harm as a result of a crime
521 and includes immediate family members of a minor, incompetent
522 individual or homicide victim and a person designated by a homicide
523 victim in accordance with section 3 of this act.

524 Sec. 12. Section 54-85d of the general statutes is repealed and the
525 following is substituted in lieu thereof (*Effective October 1, 2002*):

526 An employer shall not deprive an employee of employment, or
527 threaten or otherwise coerce such employee with respect thereto,
528 because the employee, as a parent, spouse, child or sibling of a victim
529 of homicide, or as a person designated by the victim in accordance
530 with section 3 of this act, attends court proceedings with respect to the
531 criminal case of the person or persons charged with committing the
532 crime that resulted in the death of the victim.

533 Sec. 13. Subsection (a) of section 54-91c of the general statutes, as
534 amended by section 10 of public act 01-211, is repealed and the
535 following is substituted in lieu thereof (*Effective October 1, 2002*):

536 (a) For the purposes of this section, "victim" means a person who is
537 a victim of a crime, the legal representative of such person, [or] a
538 member of a deceased victim's immediate family or a person
539 designated by a deceased victim in accordance with section 3 of this
540 act.

541 Sec. 14. Subsection (a) of section 54-126a of the general statutes, as
542 amended by section 9 of public act 01-211, is repealed and the
543 following is substituted in lieu thereof (*Effective October 1, 2002*):

544 (a) For the purposes of this section, "victim" means a person who is
545 a victim of a crime, the legal representative of such person, [or] a

546 member of a deceased victim's immediate family or a person
547 designated by a deceased victim in accordance with section 3 of this
548 act.

549 Sec. 15. Subdivision (3) of section 54-201 of the general statutes is
550 repealed and the following is substituted in lieu thereof (*Effective*
551 *October 1, 2002*):

552 (3) ["Dependents" means such relatives] "Dependent" means any
553 relative of a deceased victim [as were] or a person designated by a
554 deceased victim in accordance with section 3 of this act who was
555 wholly or partially dependent upon his income at the time of his death
556 or the child of a deceased victim and shall include the child of such
557 victim born after his death.

558 Sec. 16. (*Effective from passage*) (a) The joint standing committee of
559 the General Assembly having cognizance of matters relating to
560 judiciary shall meet and deliberate the public policy reasons to permit
561 or prohibit the marriage or civil union of two persons of the same sex.

562 (b) The committee shall report its findings and recommendations to
563 the General Assembly not later than January 1, 2003, in accordance
564 with the provisions of section 11-4a of the general statutes.

This act shall take effect as follows:	
Section 1	<i>January 1, 2003</i>
Sec. 2	<i>January 1, 2003</i>
Sec. 3	<i>October 1, 2002</i>
Sec. 4	<i>October 1, 2002</i>
Sec. 5	<i>October 1, 2002</i>
Sec. 6	<i>October 1, 2002</i>
Sec. 7	<i>October 1, 2002</i>
Sec. 8	<i>October 1, 2002</i>
Sec. 9	<i>October 1, 2002</i>
Sec. 10	<i>October 1, 2002</i>
Sec. 11	<i>October 1, 2002</i>
Sec. 12	<i>October 1, 2002</i>

Sec. 13	<i>October 1, 2002</i>
Sec. 14	<i>October 1, 2002</i>
Sec. 15	<i>October 1, 2002</i>
Sec. 16	<i>from passage</i>

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Fund-Type	Agency Affected	FY 03 \$	FY 04 \$
TF - Cost	Motor Vehicle Dept.	Minimal	None
PCAF - Revenue Loss	Probate Court	Indeterminate	Indeterminate
GF - Cost	Legislative Management	Less Than 5,000	None

Note: TF=Transportation Fund; PCAF=Probate Court Administration Fund; GF=General Fund

Municipal Impact: None

Explanation

Below is a brief synopsis of the sections of the bill and the associated fiscal impacts.

Section 1 allows the owner of a motor vehicle to designate, in writing, on the motor vehicle registration form, a beneficiary who will assume ownership of the motor vehicle after the owner’s death. Within 60 days after the death of the owner, the beneficiary can apply to the Commissioner of Motor Vehicles for a certificate of title and a certificate of registration. If a beneficiary fails to apply within the specified period of time, the beneficiary will lose ownership rights under the bill. The commissioner may adopt regulations to implement these provisions.

Since the Department of Motor Vehicles will not need to establish an “electronic beneficiary information file” linking license marker plates to the vehicle identification number (VIN), the computer costs will be eliminated. Moreover, since the new effective date for this section is January 1, 2003, the department will be able to deplete its current application forms, and on the new form include a space for the

designation of a beneficiary. Any costs associated with the design of the new form is anticipated to be minimal and can be absorbed within normal budgetary resources.

In addition, since individual beneficiaries can avoid going through the probate court system in order to claim title to the motor vehicle of a deceased owner, there would be a revenue loss to the Probate Court Administration Fund. There is a \$150 filing fee for all cases that come before the probate court. The annual amount of these types of cases is unknown at this time. Hence, the revenue loss is indeterminate.

Section 2 is technical and would have no fiscal impact. It also makes the effective date January 1, 2003.

Sections 3 through 15 allow people to designate individuals to make certain decisions on their behalf. There is no fiscal impact associated with this permission. The bill entitles such designees to victims' compensation and assistance as dependents of crime victims. There is a minimal cost associated with this provision that could be absorbed within budgeted resources.

Section 16 requires the Judiciary Committee to meet and deliberate the public policy reasons to permit or prohibit the marriage or civil union of two persons of the same sex and report its findings to the General Assembly by January 1, 2003. A total cost of less than \$5,000 may result from mileage reimbursement to legislators in traveling to and from panel meetings, public hearings and regional forums. Legislators are currently reimbursed 36 1/2 cents per mile. Considering that legislators may be traveling to and from the capitol on other legislative business, any additional cost due to an increased number of reimbursed trips could be handled within Legislative Management's anticipated budgetary resources.

House "A" replaces the original bill. The costs to the affected agencies are expected to be minimal and absorbable within the agencies' budgetary resources. Since individuals can avoid going through the probate court system in order to claim title to the motor

vehicle of a deceased owner, there would be an indeterminate revenue loss to the Probate Court Administration Fund.

House "B" makes technical changes to Section 3 of the bill. This section refers to the designation by a person eighteen years of age or older of another person to make certain decisions for the designee. It would have no fiscal impact.

House "C" makes technical changes to Section 6 of the bill. This section deals with the patients' bill of rights and their spouses admitted to nursing home facilities. It would have no fiscal impact.

House "F" allows the designated beneficiary 60 days, instead of 45 days, to apply for the motor vehicle title and certificate of registration. It has no fiscal impact.

OLR Amended Bill Analysis

HB 5763 (File 431, as amended by House "A", "B", "C", and "F")*

AN ACT CONCERNING A TRANSFER UPON DEATH OPTION IN THE MOTOR VEHICLE REGISTRATION FORM**SUMMARY:**

This bill allows a natural person who is the only owner of a motor vehicle to designate in writing on the registration certificate a beneficiary who will assume ownership on his death.

It also requires people to honor documents executed by one adult designating another adult to make certain decisions on the maker's behalf and giving the designee limited rights or responsibilities. These documents must be recognized are:

1. in psychiatric hospitals, when informed consent for medical treatment is required from someone other than the patient;
2. in nursing homes, when private visitation and room transfer decisions are made;
3. in health care settings, when medical personnel (a) need information about a patient's wishes from people other than the patient or (b) plan to withdraw life support ;
4. in the workplace, when an employee receives an emergency telephone call;
5. in court and administrative proceedings involving crime victims; and
6. upon death of the maker, regarding ownership to the maker's motor vehicle.

The bill requires the Judiciary Committee to meet and deliberate the public policy reasons for permitting or prohibiting the marriage or civil union of two people of the same sex. The committee must report its findings and recommendations to the General Assembly by January 1, 2003.

*House Amendment "A" adds the provisions on designating

representatives; eliminates provisions on transferring vessels on death of the owner; and changes the provisions on transferring motor vehicles on death of the owner by (1) making these provisions effective January 1, 2003, (2) specifying that the owner must be an individual (a natural person), (3) requiring application for a certificate of title as well as registration, (4) altering the procedures (5) eliminating the fine against beneficiaries who fail to register on time and instead providing that the beneficiary has no rights to ownership or title after a certain date, and (6) eliminating a requirement that the motor vehicle commissioner make appropriate forms available.

*House "B" adds acknowledgment and revocation provisions for documents designating representatives for specified purposes.

*House "C" eliminates provisions permitting nursing home patients and their designees to share a room when both are residents.

*House "F" extends, from 45 to 60 days, the time for beneficiaries to apply for a motor vehicle registration and title transfer upon the owner's death.

EFFECTIVE DATE: October 1, 2002, except the provision requiring the Judiciary Committee to deliberate and report to the legislature is effective upon passage and the provisions concerning motor vehicle transfers are effective January 1, 2003.

TRANSFER UPON DEATH OPTION FOR MOTOR VEHICLES

When a vehicle's registration names a beneficiary to assume ownership upon death, the owner has all ownership rights during his life and the beneficiary has none until the owner dies and the beneficiary applies to the motor vehicles commissioner. A beneficiary must apply for title and a registration certificate within 60 days of the owner's death by submitting (1) the original registration naming the beneficiary, (2) the owner's death certificate, (3) proof of the beneficiary's identity as required by the commissioner, and (4) a \$12 transfer fee and any applicable registration, title, and license plate fees. If the beneficiary fails to apply within the 60-day period, he has no rights to ownership and title.

Under the bill, the beneficiary's right to obtain ownership and title is subordinate to the rights of any lienholder with a recorded security

interest.

The commissioner can adopt regulations to implement the bill's provisions.

DOCUMENT REQUIREMENTS

Both the maker of the document and the person it designates for one of the approved purposes must be at least 18 years old. The maker must sign, date, and acknowledge the document, in the presence of two witnesses, before of a notary public or other person authorized to take acknowledgments, such as an attorney or judge.

Any person presented with a document conforming with these requirements must honor and give it effect for the purposes the document specifies. It appears that such documents relating to ownership of the deceased maker's motor vehicle may permit the designated person to (1) assume ownership, (2) name an executor, administrator, legatee, distributee, or (3) identify the immediate family who can, under existing law, take title. Where the designation is of a person to take ownership, it is unclear whether that person takes full title or takes title only until the existing registration expires, allowing an executor or family member to take title thereafter.

If the bill allows full transfer of title to a designee, it appears to allow this procedure as an alternate to designating a beneficiary on a vehicle registration under the provisions described above.

REVOCAATION

The maker or anyone he requests can revoke a document at any time by burning, canceling, tearing, or obliterating it or by executing a new document.

INFORMED CONSENT

The bill adds the person designated under its procedures to the people who may consent to critically needed medical or surgical procedures on behalf of involuntarily committed psychiatric patients who are unable to consent themselves. Psychiatric hospital personnel may perform such procedures under this circumstance if they get the

informed, written consent of the designee or, as under current law, the patient's conservator or guardian, next of kin, or a doctor appointed by the Probate Court.

NURSING HOME PATIENT'S BILL OF RIGHTS

The bill gives nursing home (used generically and includes residential care homes, chronic disease hospitals, and rest homes with nursing supervision) residents the right to have designees (1) receive between 30 and 60 days advance notice of involuntary, non-emergency room transfers, including moving Medicaid patients from private to non-private rooms; (2) included in the consultative process prior to transfer (current law requires notice to, and consultation with, certain relatives, conservators and guardians, or other representatives); (3) visit them in private (current law applies to spouses only); and (4) meet with other patients' families at the facility (current law is limited to family members).

By law, nursing homes must give patients written notice of their rights, which under the bill would include the above. Patients who are injured by a facility's violation of the Nursing Home Patient's Bill of Rights can sue for money damages. They are entitled to punitive damages for a facility's willful or reckless actions.

LIFE SUPPORT AND ANATOMICAL GIFT DECISIONS

By law, a physician treating an incapacitated person in a terminal or permanently unconscious condition must consider the patient's wishes concerning the withholding or withdrawal of life support. When the doctor does not have a patient's living will in his possession, he must determine those wishes by asking the patient's health care agent, next of kin, legal guardian or conservator, or anyone else he knows has talked with the patient about his wishes, where this is possible. He must also make reasonable efforts to give advance notice to a person's health care agent, legal guardian, or conservator before withdrawing life support.

The bill adds a patient's designee to the list of people the doctor must consult about a patient's wishes and notify before removing life support. It also requires health care providers to include in a patient's medical record reported communications the patient made to his designee, in addition to the people listed above, about any aspect of his

health care preferences, including the withholding or withdrawal of life support.

Finally, the bill gives a deceased person's designee priority in making anatomical gift decisions over his guardian, health care agent, conservator, and all family members except the surviving spouse. As under existing law, no one can override an earlier unrevoked decision the deceased made not to make the gift.

EMERGENCY CALLS AT WORK

By law, an employer commits an infraction when it fails to make reasonable efforts to notify an employee of an incoming emergency telephone call about a situation in which a family member has died or experienced a serious physical injury or is ill and in need of medical attention. The bill subjects the employer to the infraction when the emergency call concerns an employee's designee.

CRIME VICTIMS

The bill includes several provisions concerning crime victims. It provides employment protection for a person designated by the crime victim, rather than specified family members only, when they miss work to attend court proceedings about the criminal case.

It also includes a homicide victim's designee in the definition of "victim," entitling that person to make a court statement prior to the sentencing of the perpetrator and to get advance notice of the terms of plea agreements, if he requests this. It also allows designees to express their views at parole hearings.

Finally, it permits designees who were financially dependent on the crime victim at the time of his death to seek monetary awards from the Office of Victim Services.

BACKGROUND

Legislative History

On April 17, the House referred the bill (File 431) to the Transportation Committee and the committee favorably reported the bill on April 17. On April 19, the House referred the bill to the Appropriations Committee, and the committee favorably reported the bill on April 24.

On April 26, the House (1) adopted House Amendment “A,” striking the original bill, making changes to the registration transfer provisions, and adding provisions for designating adults for other purposes and (2) referred the amended bill to the Public Health Committee. That committee favorably reported the bill on April 29. On April 30, the House referred the bill to the Human Services Committee which reported the bill favorably on April 30. On May 1, the House referred the bill to the Legislative Management Committee, which reported it favorably on May 2.

COMMITTEE ACTION

Judiciary Committee

Joint Favorable Report
Yea 41 Nay 0

Transportation Committee

Joint Favorable Report
Yea 23 Nay 3

Appropriations Committee

Joint Favorable Report
Yea 32 Nay 14

Public Health Committee

Joint Favorable Report
Yea 16 Nay 7

Human Services Committee

Joint Favorable Report
Yea 11 Nay 6

Joint Committee on Legislative Management

Joint Favorable Report

Yea 11 Nay 5