By: Zaffirini S.B. No. 66

## A BILL TO BE ENTITLED

 AN ACT

- 2 relating to the authority of a supporter regarding legal
- 3 proceedings granted under a supported decision-making agreement.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
- 5 SECTION 1. Section 1357.051, Estates Code, is amended to
- 6 read as follows:
- 7 Sec. 1357.051. SCOPE OF SUPPORTED DECISION-MAKING
- 8 AGREEMENT. An adult with a disability may voluntarily, without
- 9 undue influence or coercion, enter into a supported decision-making
- 10 agreement with a supporter under which the adult with a disability
- 11 authorizes the supporter to do any or all of the following:
- 12 (1) provide supported decision-making, including
- 13 assistance in understanding the options, responsibilities, and
- 14 consequences of the adult's life decisions, without making those
- 15 decisions on behalf of the adult with a disability;
- 16 (2) subject to Section 1357.054, assist the adult in
- 17 accessing, collecting, and obtaining information that is relevant
- 18 to a given life decision, including medical, psychological,
- 19 financial, educational, <u>legal</u>, or treatment records, from any
- 20 person;
- 21 (3) assist the adult with a disability in
- 22 understanding the information described by Subdivision (2); and
- 23 (4) assist the adult in communicating the adult's
- 24 decisions to appropriate persons.

1	SECTION 2. Section 1357.056(a), Estates Code, is amended to		
2	read as follows:		
3	(a) Subject to Subsection (b), a supported decision-making		
4	agreement is valid only if it is in substantially the following		
5	form:		
6	SUPPORTED DECISION-MAKING AGREEMENT		
7	Important Information For Supporter: Duties		
8	When you agree to provide support to an adult with a		
9	disability under this supported decision-making agreement, you		
10	have a duty to:		
11	(1) act in good faith;		
12	(2) act within the authority granted in this		
13	agreement;		
14	(3) act loyally and without self-interest; and		
15	(4) avoid conflicts of interest.		
16	Appointment of Supporter		
17	I, (insert your name), make this agreement of my own fre		
18	will.		
19	I agree and designate that:		
20	Name:		
21	Address:		
22	Phone Number:		
23	E-mail Address:		
24	is my supporter. My supporter may help me with making everyday		
25	life decisions relating to the following:		
26	Y/N obtaining food, clothing, and shelter		
27	Y/N taking care of my physical health		

legal proceedings I am involved in, including civil 1 Y/N 2 and criminal proceedings managing my financial affairs. 3 Y/N 4 My supporter is not allowed to make decisions for me. 5 help me with my decisions, my supporter may: 6 Help me access, collect, or obtain information that is relevant 7 to a decision, including medical, psychological, 8 financial, educational, legal, or treatment records; 9 Help me understand my options so I can make an informed 10 decision; or 3. Help me communicate my decision to appropriate persons. 11 12 Y/N A release allowing my supporter to see protected health information under the Health Insurance Portability and 13 Accountability Act of 1996 (Pub. L. No. 104-191) is attached. 14 15 Y/N A release allowing my supporter to see educational records under the Family Educational Rights and Privacy Act of 1974 16 17 (20 U.S.C. Section 1232g) is attached. Effective Date of Supported Decision-Making Agreement 18 19 This supported decision-making agreement is immediately and will continue until (insert date) or until the 20 agreement is terminated by my supporter or me or by operation of 21 22 law. Signed this \_\_\_\_\_, 20\_\_\_\_, 23 24 Consent of Supporter

I, (name of supporter), consent to act as a supporter under

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this agreement.

S.B. No. 66

1	(signature of supporter)	(printed name of supporter)	
2	Signature		
3			
4	(my signature)	(my printed name)	
5			
6	(witness 1 signature)	(printed name of witness 1)	
7			
8	(witness 2 signature)	(printed name of witness 2)	
9	9 State of		
10	County of		
11	This document was acknowledged before me		
12	on	(date)	
13	by	and	
14	(name of adult with a disability)	(name of supporter)	
15			
16		(signature of notarial officer)	
17	7 (Seal, if any, of notary)		
18	(printed name)		
19	My commission expires:		
20	WARNING: PROTECTION FOR THE ADULT WITH A DISABILITY		
21	IF A PERSON WHO RECEIVES A COPY OF THIS AGREEMENT OR IS AWARE		
22	OF THE EXISTENCE OF THIS AGREEMENT HAS CAUSE TO BELIEVE THAT THE		
23	ADULT WITH A DISABILITY IS BEING ABUSED, NEGLECTED, OR EXPLOITED B		
24	THE SUPPORTER, THE PERSON SHALL REPORT THE ALLEGED ABUSE, NEGLECT		
25	OR EXPLOITATION TO THE DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES		
26	BY CALLING THE ABUSE HOTLINE AT 1-800-252-5400 OR ONLINE AT		
27	WWW.TXABUSEHOTLINE.ORG.		

S.B. No. 66

- SECTION 3. The changes in law made by this Act apply to a supported decision-making agreement entered into on or after the effective date of this Act. A supported decision-making agreement entered into before the effective date of this Act is governed by the law as it existed on the date the supported decision-making agreement was entered into, and the former law is continued in effect for that purpose.
- 8 SECTION 4. This Act takes effect September 1, 2025.