88R11608 EAS-D

By:  Zaffirini S.B. No. 1638

A BILL TO BE ENTITLED

AN ACT

relating to the authority of a supporter regarding legal proceedings granted under a supported decision-making agreement.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1.  Section 1357.051, Estates Code, is amended to read as follows:

Sec. 1357.051.  SCOPE OF SUPPORTED DECISION-MAKING AGREEMENT. An adult with a disability may voluntarily, without undue influence or coercion, enter into a supported decision-making agreement with a supporter under which the adult with a disability authorizes the supporter to do any or all of the following:

(1)  provide supported decision-making, including assistance in understanding the options, responsibilities, and consequences of the adult's life decisions, without making those decisions on behalf of the adult with a disability;

(2)  subject to Section 1357.054, assist the adult in accessing, collecting, and obtaining information that is relevant to a given life decision, including medical, psychological, financial, educational, legal, or treatment records, from any person;

(3)  assist the adult with a disability in understanding the information described by Subdivision (2); and

(4)  assist the adult in communicating the adult's decisions to appropriate persons.

SECTION 2.  Section 1357.056(a), Estates Code, is amended to read as follows:

(a)  Subject to Subsection (b), a supported decision-making agreement is valid only if it is in substantially the following form:

SUPPORTED DECISION-MAKING AGREEMENT

Important Information For Supporter:  Duties

When you agree to provide support to an adult with a disability under this supported decision-making agreement, you have a duty to:

(1)  act in good faith;

(2)  act within the authority granted in this agreement;

(3)  act loyally and without self-interest; and

(4)  avoid conflicts of interest.

Appointment of Supporter

I, (insert your name), make this agreement of my own free will.

I agree and designate that:

Name:

Address:

Phone Number:

E-mail Address:

is my supporter.  My supporter may help me with making everyday life decisions relating to the following:

Y/N     obtaining food, clothing, and shelter

Y/N     taking care of my physical health

Y/N     legal proceedings I am involved in, including civil and criminal proceedings

Y/N     managing my financial affairs.

My supporter is not allowed to make decisions for me.  To help me with my decisions, my supporter may:

1.  Help me access, collect, or obtain information that is relevant to a decision, including medical, psychological, financial, educational, legal, or treatment records;

2.  Help me understand my options so I can make an informed decision; or

3.  Help me communicate my decision to appropriate persons.

Y/N     A release allowing my supporter to see protected health information under the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191) is attached.

Y/N     A release allowing my supporter to see educational records under the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Section 1232g) is attached.

Effective Date of Supported Decision-Making Agreement

This supported decision-making agreement is effective immediately and will continue until (insert date) or until the agreement is terminated by my supporter or me or by operation of law.

Signed this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_, 20\_\_\_

Consent of Supporter

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

(signature of supporter) (printed name of supporter)

Signature

(my signature) (my printed name)

(witness 1 signature) (printed name of witness 1)

(witness 2 signature) (printed name of witness 2)

State of

County of

This document was acknowledged before me

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of adult with a disability) (name of supporter)

(signature of notarial officer)

(Seal, if any, of notary)

(printed name)

My commission expires:

WARNING:  PROTECTION FOR THE ADULT WITH A DISABILITY

IF A PERSON WHO RECEIVES A COPY OF THIS AGREEMENT OR IS AWARE OF THE EXISTENCE OF THIS AGREEMENT HAS CAUSE TO BELIEVE THAT THE ADULT WITH A DISABILITY IS BEING ABUSED, NEGLECTED, OR EXPLOITED BY THE SUPPORTER, THE PERSON SHALL REPORT THE ALLEGED ABUSE, NEGLECT, OR EXPLOITATION TO THE DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES BY CALLING THE ABUSE HOTLINE AT 1-800-252-5400 OR ONLINE AT WWW.TXABUSEHOTLINE.ORG.

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.

SECTION 4.  This Act takes effect September 1, 2023.