By: Zaffirini

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S.B. No. 1638

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.

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:

(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;

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;

(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.

S.B. No. 1638 SECTION 2. Section 1357.056(a), Estates Code, is amended to 1 2 read as follows: (a) Subject to Subsection (b), a supported decision-making 3 agreement is valid only if it is in substantially the following 4 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 disability under this supported decision-making agreement, you 9 10 have a duty to: act in good faith; 11 (2) 12 act within the authority granted in this 13 agreement; (3) act loyally and without self-interest; and 14 15 (4) avoid conflicts of interest. 16 Appointment of Supporter 17 I, (insert your name), make this agreement of my own free will. 18 I agree and designate that: 19 20 Name: 21 Address: _____ 22 Phone Number: E-mail Address: 23 24 is my supporter. My supporter may help me with making everyday 25 life decisions relating to the following: obtaining food, clothing, and shelter 26 Y/N taking care of my physical health 27 Y/N

S.B. No. 1638

1Y/Nlegal proceedings I am involved in, including civil2and criminal proceedings

Y/N managing my financial affairs.

4 My supporter is not allowed to make decisions for me. To 5 help me with my decisions, my supporter may:

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

9 2. Help me understand my options so I can make an informed10 decision; or

11 3. Help me communicate my decision to appropriate persons.

12 Y/N A release allowing my supporter to see protected 13 health information under the Health Insurance Portability and 14 Accountability Act of 1996 (Pub. L. No. 104-191) is attached.

15 Y/N A release allowing my supporter to see educational 16 records under the Family Educational Rights and Privacy Act of 1974 17 (20 U.S.C. Section 1232g) is attached.

18 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.

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		S.B. No. 1638
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	State of	
10	County of	
11	This document was acknowledged before me	
12	on	(date)
13	by a	and
14	(name of adult with a disability)	(name of supporter)
15	_	
16	(:	signature of notarial officer)
17	(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 BY	
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. 1638

1 SECTION 3. The changes in law made by this Act apply to a 2 supported decision-making agreement entered into on or after the 3 effective date of this Act. A supported decision-making agreement 4 entered into before the effective date of this Act is governed by 5 the law as it existed on the date the supported decision-making 6 agreement was entered into, and the former law is continued in 7 effect for that purpose.

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