

By: Zaffirini

S.B. No. 66

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

1 read as follows:

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

5 SUPPORTED DECISION-MAKING AGREEMENT

6 Important Information For Supporter: Duties

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

- 10 (1) act in good faith;
11 (2) act within the authority granted in this
12 agreement;
13 (3) act loyally and without self-interest; and
14 (4) avoid conflicts of interest.

15 Appointment of Supporter

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

18 I agree and designate that: _____

19 Name: _____

20 Address: _____

21 Phone Number: _____

22 E-mail Address: _____

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

25 Y/N obtaining food, clothing, and shelter

26 Y/N taking care of my physical health

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

1 and criminal proceedings

2 Y/N managing my financial affairs.

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

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

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

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

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

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

17 Effective Date of Supported Decision-Making Agreement

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

22 Signed this _____ day of _____, 20____

23 Consent of Supporter

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

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(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.

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.

8 SECTION 4. This Act takes effect September 1, 2025.