1-1 S.B. No. 66 By: Zaffirini (In the Senate - Filed November 12, 2024; February 3, 2025, first time and referred to Committee on Jurisprudence; 1-2 1-3 read 1-4 April 30, 2025, reported favorably by the following vote: Yeas 5, Nays 0; April 30, 2025, sent to printer.) 1-6 COMMITTEE VOTE 1 - 7Yea Nay Absent 1-8 Hughes X Χ 1-9 Johnson 1-10 1-11 Χ Creighton <u>Hinojosa of</u> Hidalgo 1-12 Middleton X 1-13 1-14 A BILL TO BE ENTITLED AN ACT 1-15 relating to the authority of a supporter regarding 1-16 proceedings granted under a supported decision-making agreement. 1-17 1-18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS: Section 1357.051, Estates Code, is amended to SECTION 1. 1-19 read as follows: SCOPE 1-20 Sec. 1357.051. OF SUPPORTED DECISION-MAKING AGREEMENT. An adult with a disability may voluntarily, without 1-21 1-22 1-23 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: 1-24 1-25 (1) provide supported decision-making, 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; 1-26 1-27 1-28 (2) subject to Section 1357.054, assist the adult in 1-29 accessing, collecting, and obtaining information that is relevant to a given life decision, including medical, psychological, 1-30 1-31 1-32 financial, educational, <u>legal</u>, or treatment records, from any 1-33 person; 1-34 (3) assist the adult with a disability 1-35 understanding the information described by Subdivision (2); and 1-36 (4) assist the adult in communicating the adult's 1-37 decisions to appropriate persons. 1-38 SECTION 2. Section 1357.056(a), Estates Code, is amended to 1-39 read as follows: 1-40 (a) Subject to Subsection (b), a supported decision-making agreement is valid only if it is in substantially the following 1-41 1-42 form: 1-43 SUPPORTED DECISION-MAKING AGREEMENT Important Information For Supporter: Duties 1-44 1-45 When you agree to provide support to an adult with a 1-46 disability under this supported decision-making agreement, you 1-47 have a duty to: 1-48 (1)act in good faith; 1-49 (2)act within the authority granted in 1-50 agreement; 1-51 (3)act loyally and without self-interest; and 1-52 (4)avoid conflicts of interest. 1-53 Appointment of Supporter 1-54 I, (insert your name), make this agreement of my own free 1-55 will. 1-56 I agree and designate that: __ 1-57 Name: 1-58 Address: 1-59 Phone Number: 1-60 E-mail Address:_

is my supporter. My supporter may help me with making everyday

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 2-1
        life decisions relating to the following:
 2-2
                Y/N
                        obtaining food, clothing, and shelter
 2-3
                          taking care of my physical health
                Y/N
        Y/N legal proceedings I am involved in, including civil and criminal proceedings
 2-4
 2-5
2-6
                Y/N
                       managing my financial affairs.
                My supporter is not allowed to make decisions for me. To
 2-7
 2-8
        help me with my decisions, my supporter may:
                1. Help me access, collect, or obtain information that is
 2-9
        relevant to a decision, including medical, psychological, financial, educational, <u>legal</u>, or treatment records;

2. Help me understand my options so I can make an informed
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                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.
2-15
2-16
2-17
        \mbox{Y/N} \mbox{ A release allowing my supporter to see educational records under the Family Educational Rights and Privacy Act of 1974
2-18
2-19
2-20
2-21
        (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
2-22
2-23
2-24
        agreement is terminated by my supporter or me or by operation of
2-25
2-26
        law.
                Signed this ____
                                        \_ day of \_
2-27
                                       Consent of Supporter
2-28
                I, (name of supporter), consent to act as a supporter under
       this agreement.
2-29
2-30
2-31
                (signature of supporter)
                                                      (printed name of supporter)
2-32
                                             Signature
2-33
                                                               (my printed name)
2-34
                (my signature)
2-35
2-36
                (witness 1 signature)
                                                          (printed name of witness 1)
2-37
                (witness 2 signature)
2-38
                                                         (printed name of witness 2)
2-39
                State of
2-40
                County of _
2-41
                This document was acknowledged before me
                                                            ___ (date)
2-42
2-43
                                                    __ and _
       (name of adult with a disability)
2-44
                                                                  (name of supporter)
2-45
2-46
                                                      (signature of notarial officer)
2-47
       (Seal, if any, of notary) ___
2-48
                                              (printed name)
2-49
                                              My commission expires:
                 WARNING: PROTECTION FOR THE ADULT WITH A DISABILITY
2-50
2-51
                IF A PERSON WHO RECEIVES A COPY OF THIS AGREEMENT OR IS AWARE
2-52
        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
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        WWW.TXABUSEHOTLINE.ORG.
2-58
        SECTION 3. The changes in law made by this Act apply to a supported decision-making agreement entered into on or after the
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        effective date of this Act. A supported decision-making agreement
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        entered into before the effective date of this Act is governed by
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effect for that purpose. SECTION 4. This Act takes effect September 1, 2025.

the law as it existed on the date the supported decision-making agreement was entered into, and the former law is continued in

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