

WITNESS APPEARANCE FORM

Date 14-Feb-17

SENATE

Committee Judiciary

HOUSE

Bill No. HB 144

Name of Witness: Patty Skain

Address of Witness:

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Jefferson City, MO 65101

Speaking (Please Check One)

For \_\_\_\_\_ Against \_\_\_\_\_

For Information Only

*See Note Below*

Governmental Agency, Person, Business, Lobbyist, or Organization, if any, on whose behalf I am appearing:

Missouri Right to Life

If written testimony is not provided, please summarize very briefly the testimony to be presented.

Please attach a copy of a written statement if one is available.

*At this time we have major concerns on one section of the bill that unless we can get it fixed we would have to oppose the bill.*

Recommended language underlined:

The clause on lines 19-21 on page 10 would read: The provisions of this section shall not supersede a valid living will created under sections 459.010 to 459.055 or the expressed wishes of the patient made during the patient's lifetime, established by clear and convincing evidence that the incapacitated person, when competent, decided on the basis of information sufficient to constitute informed consent.