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there when it comes down the pike that we're going to have to pay for them. This is one that's going to pay for itself, in terms of less frequent flyer visits to the emergency room or the hospital for problems with medication management, dehydration, or improper nutrition issues. So I want to thank the committee for bringing this. I won't belabor it. Senator Jensen did explain everything else that's a component of the amendment. I did want to reiterate my support for it, and give you my experience from the trenches in the importance of making sure that these provisions are made, so that people can stay in the assisted-living level of care longer period of time, keep them out of the skilled nursing homes, and perhaps even move out of assisted-living back to independent if that would be the case that they could improve to that point. But again, quality of life issues at a very low cost, better-trained people working with the elderly, because recognition of problems at an early stage is critical to a good quality of life for the elderly, and also for the right kind of intervention to be done so they get the help they need as fast as they need it. And I would give any time to Senator Jensen or Byars, if they wish. I'll return it to the Chair then.

SENATOR CUDABACK: Senator Jensen, did you wish to the use the rest...he does not wish to use it. Thank you, Senator Combs. Senator Stuthman, on the Jensen amendment.

SENATOR STUTHMAN: Thank you, Mr. President and members of the body. I want to address some of the concerns that I have with portions of this amendment. And it has to do with the assisted-living administrator. And I would like to enter into a little bit of a dialogue with Senator Jensen, if I may, please.

SENATOR JANSSEN PRESIDING

SENATOR JANSSEN: Senator Jensen, would you reply, please?

SENATOR JENSEN: Yes.

SENATOR STUTHMAN: Senator Jensen, in the assisted-living administrator portion of this, it's going to require those individuals to have 30 hours of training before they can be an