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copays, deductibles, whatever, all goes through that similar process of the rules and regulations process in accordance with the Health Committee, the Medicaid Reform Council, and they have the opportunity to have discussions and submit questions...

SENATOR BAKER: Time.

SENATOR ERDMAN: ...to the department to clarify what their intent is. Thank you, Mr. President.

SENATOR BAKER: Thank you, Senator Erdman. Senator Brown.

SENATOR BROWN: Mr. President, I would yield my time to Senator Chambers, to continue his conversation with Senator Jensen. Thank you.

SENATOR BAKER: Senator Chambers, you have nearly 5 minutes.

SENATOR CHAMBERS: Thank you, Mr. President. Thank you, Senator Brown. Senator Jensen, I'm going to draw your attention back to page 2 of your amendment. In line 1, there is a listing of the categories or classifications of persons who are recipients: children, pregnant women and families, aged persons, and persons with disabilities. Let's be very blunt and straightforward, since we're talking about cutting money to the program overall perhaps, reducing needed services to people who have no other way to afford them, and increasing the cost to recipients in order to obtain certain services, which costs they cannot afford, meaning they will not receive those services, the illness they have will not be treated. If it worsens and becomes an emergency, they'll wind up in the hospital and somebody will pay the hospital or the hospital will not receive any compensation for that. Now, let's look at aged persons. I can qualify as an aged person. I think I'm probably in better physical condition, even though I've been clinically dead for 14 years, than most people my chronological age. But speaking forthrightly, aged persons are not as likely to be returned to good health, as a class, than those who are not aged. Even if they are successfully treated, meaning that their condition is mitigated but maybe not completely cured, it is likely that if they are restored to a degree of health they will continue to be