

SENATOR BYARS: Thank you, Madam President. As I told you earlier, even as amended, I must stand in opposition to LB 827 and I do so for a variety of reasons. Many of the reasons that Senator Wesely has used for why this is needed are reasons that I object to it. I think that, as we are developing or we have an emerging changing of health care plans in how we're going to deal with health care in the State of Nebraska, I think it would be a terrible mistake for us to move forward with a section, a segment of a plan prior to having the other pieces of the puzzle put in place. I would hate very much to spend dollars, very valuable dollars, needed resources to establish an additional layer of the bureaucracy that may be needed. I'm not going to speak against the need, but it may be needed, but what's going to happen as far as the federal mandates? What's going to happen as far as the recommendation of the Blue Ribbon Commission, the Interhealth Agency Commission? What are we going to be dealing with? I have this nagging feeling in the pit of my stomach that we're a little bit too early on this. I think we really need to think about establishing this at this point and look at it as part of the greater...the greater needs of the State of Nebraska and tying them together. I have long, in addition to this, I have long been an opponent of using unstable revenue sources particularly for designated spending. We have already designated and, if we continue along the same line that we're doing on the revenue side, we've already designated I believe it's seven cents per pack of cigarettes so far to alleviate revenue shortfalls or to fund other projects. We're adding another penny which does...a penny doesn't sound like very much, but this is a million plus dollars. How stable is that revenue source? What's going to happen a year from now when it's not there or a portion of it is not there? What's going to happen two years as, hopefully, less people smoke and we have less money available? What's going to happen? We're going to need to come back from General Fund it...to General...the General Fund for funding, or else we're going to act the local...ask the local subdivisions to pick up a greater proportionate share. That's another argument all...all...all in itself. But I have a problem with designating these types of dollars that aren't solid, that aren't a solid source of cash flow for these types of programs. I'm concerned about what kind of representation we're going to have on the part of all the parties on the regional health care board. I know Senator Wesely has stated that a certain amount of that is left up to the Department of Health. I need to get into my bill, I think,