

But then they return to an advantage status in a couple of years and when we go back to address this issue, we have to get 25 votes to make a change in that in a couple of years. And so that is already, with the version of the bill that was introduced, a compromise in a sense. Now the difficulty I've had with the status of the bill as introduced was we do go to where 18 states are in saying that the payment doesn't start until the birth of the child. And as was indicated, something like 36 states or territories provide it at some point at the sixth, seventh, eighth or ninth month and so two-thirds are at a position that is more generous perhaps than what Nebraska would be in. And so that's back to the issue of starting the payments when the federal match starts which is three months prior to the birth of the baby. But again, if the goal is to save money and it's for a certain period of time, I can understand the thinking. So another idea that's been floated is to start those payments for three months and then not have the sunset clause and go back to this policy of starting from verification of pregnancy and just go to that route. That's one way to go as well or to, as Senator Chambers is suggesting, do the three months and then go back to the payment at point of verification in 1995. Another thing that can be looked at, obviously, also is that there are significant savings by going to the last three months. You do save by not doing the first few months of payments, something like a million and a half dollars and I suggested that something like a million of those dollars can go into prenatal care to cover our poor pregnant women that are above 133 percent of poverty, and below 185 percent of poverty. And you would still, again, at the bottom line save a half million a year and that is another position that I have suggested could be looked at. The problem with that one obviously is if the reason we got into this in the first place is the budget shortfall that we have, the maximum amount of dollars saved is the goal I guess more than anything. And so I can understand why that is not an idea wanting to be pursued, but I've been somewhat encouraged by some of the discussion that at some point when times get better and hopefully those times will come soon, we can move toward that concept of prenatal care. I am going to be passing out for you and they'll be coming here shortly, a scenario concept of how all of these assistance programs interrelated under different circumstances. It's a very complicated system that we have in place, and it really needs to be changed. We need to look at a way that we don't have...we have so many different standards you meet to qualify for different programs. At one standard you get a full