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LB 283

SENATOR CUDABACK: Thank you, Mr. Clerk. Back to discussion of the Brown amendment, AM1975, to LB 283. Senators wishing to speak are Senator Combs, Chambers, Landis, and Baker. Senator Combs, on the Brown amendment.

SENATOR COMBS: Mr. President, members of the body, I do support the Brown amendment. I do support the idea of sunseting what we are doing here. Like we mentioned last week, we're doing some things that we don't like to do and I think we need a target. We need to look ahead three or four years and have this hanging above our heads, so to speak, if you want to put it that way, that we have a target and a goal, like Senator Baker referred to, in business that we know in four years that this will not be there. Therefore, we can plan accordingly when the revenue does pick up, and I'm confident that the economy is going to pick up over the next four years, that we don't get in the chips and start reinstating programs that we've cut or that we have cut back that perhaps we need to think better of so that we can bring the tax level back down. I'm very much in support of having a plan. I like the idea of having a four-year plan. I don't like the idea of making what we have done permanent. What we have done is groundbreaking and unheard of as far as the kind of situation that we're in, historically. We've been told that we are in the worst time since the Depression and I like to compare it to, like I've said many times before, a patient that's laying on the table in the ER, just brought in in shock. We've got to get the patient out of shock before we can do major surgery. So what we are doing with this provision is getting our patient in a good enough shape so that we don't dismantle our programs, as Senator Price has said, but that we keep them alive and on the table, keep the heart beating and keep the blood circulating long enough so that the patient can be stable enough so that perhaps next year and the year after we can do the surgery that's needed on the budget. Again, a sunset provision helps us look ahead to the time when we actually do the major surgery, when we actually do the transplants or the grafting or whatever it is we have to do, more cuts, that we don't have a free rein, so to speak, with living in the chips and having several stacks in front of us and just throw some more into the ante because we got them. And I'm kind of new