

TRANSCRIPT PREPARED BY THE CLERK OF THE LEGISLATURE  
Transcriber's Office  
FLOOR DEBATE

March 2, 2004            LB 998

offered by the Agriculture Committee. All in favor vote aye, opposed nay. The question before the body is the confirmation report offered by the Agriculture Committee, chaired by Senator Kremer. Have you all voted who care to? Record please, Mr. Clerk.

CLERK: (Record vote, Legislative Journal page 809.)    29 ayes, 0 nays, Mr. President, on the adoption of the confirmation report.

SENATOR CUDABACK: The confirmation report is adopted. Next agenda item, General File, 2004 senator priority bills. Mr. Clerk.

CLERK: Mr. President, LB 998, a bill introduced by Senator Don Pederson. (Read title.) The bill was introduced on January 12 of this year, at that time was referred to the Judiciary Committee. The bill was advanced to General File. I do have committee amendments, Mr. President. (AM2697, Legislative Journal page 712.)

SENATOR CUDABACK: Thank you, Mr. Clerk. Senator Pederson, Senator Don Pederson, you're recognized to open on LB 998.

SENATOR D. PEDERSON: Thank you, Mr. President, members of the Legislature. In the current malpractice climate in Nebraska, the Excess Liability Fund has been strained. the Liability Fund is in essence the pooled resources of Nebraska physicians and hospitals and anesthesiologists, and was designed to provide a reserve for malpractice claims that are larger, or in excess of an average claim. Now the current average Nebraska claim is about \$400,000. The result is that the Excess Liability Fund has been called into action more frequently, and we are seeing pressures on the ability to cover excess losses. Purchased malpractice policies are meant to cover the legal defense costs and claims of an average or expected value. But over the years, the volume and average size of claims has been rapidly expanded, so that the \$200,000 per occurrence policy is no longer providing the baseline coverage that was originally intended by the act. The fund is financed by a premium charged to participating physicians, anesthesiologists, and hospitals, not to