CONSUMER PROTECTION COALITION

Side-by-Side Comparison

WITH PIP VS. WITHOUT PIP (BODILY INJURY COVERAGE*)

Florida's Personal Injury Protection ("PIP") auto insurance mandate was created in 1971 as part of the new Motor Vehicle No-Fault Law and was intended to provide for the prompt payment of medical expenses incurred by motorists involved in traffic crashes without the need for a determination of who was at fault. The ultimate goal of PIP was to avoid costly and lengthy lawsuits necessary to determine fault. PIP has faced challenges since its creation, but in recent years, important legal reforms have improved the program.

Florida lawmakers continue to consider repealing the PIP system and replacing it with mandatory bodily injury (BI) coverage*. BI coverage is designed to protect the at-fault driver and pays for medical expenses and related damages incurred by a crash victim. In order for BI to pay, a determination or agreement on who is at fault is necessary, as is proof of damages. While a shift from PIP to BI may seem like a simple policy change, it carries significant financial and practical implications for drivers, insurers, healthcare providers and the legal system.

TOPIC	WITH PIP (CURRENT SYSTEM)	WITHOUT PIP WITH B&I*
How will rates be affected by a move from PIP to BI?	**Auto insurance rates are on the decline thanks to recent legal reforms**, however individual premiums may vary based on your location, personal factors and driving history. *e.g., for one carrier, PIP rates down by 30% *Source: Office of Insurance Regulation (OIR) auto rate filings.*	Under recent proposals, if Florida moves to mandatory BI, **rates will double in every county** in the state for drivers with minimum insurance limits. There will also be an increase in health insurance rates for Florida businesses, driven by increased costs to the health insurance system and uncompensated health care costs to hospitals.
How are my health care expenses covered?	PIP generally pays eighty percent of all authorized emergency expenses — up to $10,000 — for medically necessary medical, surgical, X-ray, dental, and rehabilitative services, including prosthetic devices and medically necessary ambulance, hospital, and nursing services if the individual receives initial services and care within 14 days after a motor vehicle accident. PIP payments are tied to 200% of Medicare rates. The typical PIP deductible is $250 or $500 and can never exceed $1,000.	With BI, your medical expenses will likely be paid by your employer or government health plan (if you have one). If you don't have health care coverage, your expenses may be paid once you prove the fault of the driver. This may require you to file a lawsuit.
Will my healthcare costs be covered quickly?	**Yes.** PIP is a first party "fast pay" system that generally provides reimbursements within 30 days of proof of loss. Up to $10,000 in emergency care is covered (when treatment is provided within 14 days of an accident) — there will not be a need to determine fault for health care costs to be covered.	**Depends on if there's clear fault and a need for litigation based on the facts of the case**. Costs for immediate health care needs could be covered by you (out of pocket or through your health insurance, if you have it) or uninsured motorist coverage or other optional coverages (if applicable) until reimbursement from the other driver if they are at fault. A fault-based system like BI, which may rely on lawsuits to determine fault of another driver and the scope of damages, can result in injured persons having to wait months or even years before their case is resolved and payment under the at-fault driver's insurance is made.

*As proposed in HB 1181/SB 1256 (2025)

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WITH PIP VS. WITHOUT PIP (BODILY INJURY COVERAGE*)

Continued

TOPIC	WITH PIP (CURRENT SYSTEM)	WITHOUT PIP WITH B&I*
Do I have to pay for a lawyer to get medical costs covered?	**No.** Emergency health care costs up to $10,000 are covered by PIP and are paid directly to your medical provider.	You may need to hire a lawyer to sue the at-fault driver if they do not agree to cover your damages under their BI coverage.
If I have a high-deductible health plan, how will my medical bills be paid for? **26% OF FLORIDIANS** have a high-deductable health plan	**PIP pays 80%** of emergency health care costs up to $10,000 quickly and directly, without high deductibles.	Those with high-deductible plans **may have to pay out of pocket costs** until fault has been determined, often through litigation.
What if I'm hit by an uninsured driver/motorist?	**Eighty percent of emergency health care costs up to $10,000** are still automatically covered by PIP. Uninsured motorists' coverage (if you purchase it) or other secondary insurance may provide coverage for medical bills above $10,000.	If you're injured in a crash caused by an uninsured driver, **you, your uninsured motorist insurer (if you purchase) medical payments coverage (if you purchase) or your health insurance provider** will be responsible for covering your medical expenses — and you may also need to hire an attorney to try to recover additional costs. Unfortunately, drivers who choose not to carry insurance often lack the financial assets needed to pay your expenses.
What if I am at fault for the accident?	**Eighty percent of emergency healthcare costs up to $10,000** are still automatically covered.	**You will pay out of pocket** based on your personal health insurance policy with the amount of coverage determined by deductibles and copays. And you may have to pay for damages, beyond your BI insurance limits, incurred by others involved in the accident. That amount might have to be determined by litigation.
Are there anti-fraud guardrails in place?	PIP contains several measures to reduce fraud, such as requiring signed treatment forms and better documentation, helping ensure only real claims get paid.	Moving to a new system will eliminate many existing guard rails and allow for pain and suffering damages to be alleged in every case. Higher insurance limits and phantom damages tend to encourage abuse.

*As proposed in HB 1181/SB 1256 (2025)