
Testimony of the District of Columbia Pedestrian Advisory Council
DC Council, Committee on Business and Economic Development
December 18, 2024 Hearing on B25-0810, the Motor Vehicle Insurance
Modernization Amendment Act of 2024

The DC Pedestrian Advisory Council (PAC) wishes to express its support for increasing insurance minimums for third-party personal liability, as proposed by B25-0810, the Motor Vehicle Insurance Modernization Amendment Act of 2024. The PAC is a DC government body created to advise “the Mayor, Council, . . . and District agencies” on how to improve “pedestrian safety and accessibility.”¹

Our understanding is that third-party personal liability minimums have not been raised since at least 1986 and that, if enacted, this bill would raise these minimums from \$25,000 to \$50,000 per person injured in a crash, with a \$100,000 maximum per crash. The bill also provides for regular increases in the minimums every five years. The PAC supports the concept of ensuring that insurance minimums keep pace with inflation, but defers to the Committee on the best way to achieve that goal.

Crash injuries can cause significant physical and financial hardship for anyone injured and the District’s current insurance minimums effectively transfer the cost of driving onto the victims of drivers’ mistakes, as well as public and/or private health insurance—and thereby to all of us, whether or not we drive. As the Statement of Introduction for this legislation points out, the value of the current insurance minimums has decreased significantly since 1986, particularly for health care costs, which likely comprise the most significant burden facing injured people.

Pedestrians and other people traveling outside of motor vehicles are much more vulnerable to injury in a crash because their bodies are not protected by the armor of a vehicle or the various devices that protect vehicle occupants. The special vulnerability of pedestrians is illustrated by the available data: according to DC’s “[Crash Details Table](#)” dataset, of 18,656 pedestrians involved in crashes, 14,465 (77.6%) were either killed or suffered some type of injury—188 pedestrians were killed, 1.0% of the total; 4,145 (22.2%) pedestrians suffered major injuries, and 10,136 (54.3%) pedestrians suffered minor injuries.

In absolute numbers, more vehicle occupants (passengers and drivers) are killed or suffer injuries, but the proportion is much smaller: of 789,096 vehicle occupants involved in crashes, 105,943 people (13.4%) were killed or suffered some type of injury: 466 vehicle occupants were killed, 0.06% of the total; 22,161 (2.8%) suffered major injuries and 83,316 (10.6%) suffered minor injuries.² This is not to minimize the significant toll that crashes take on injured vehicle occupants, but to show that crashes generally are more likely to injure pedestrians.

¹—DC Law [18-111, §6061](#) (“Pedestrian Advisory Council Establishment Act of 2009”), DC Code [§50-1931](#), 57 DCR 181 (Mar. 3, 2010).

²—We gathered this data on December 2, 2024. The Crash Details Table dataset included a total 831,428 entries as of that date, with each entry reflecting a person involved in a crash; individual crashes may have multiple entries if multiple people were injured. The crash datasets are known to have some inaccuracies, which OCTO, DDOT and MPD are working to correct, but they provide the most recent and cumulative information available and we believe the percentages given are reliable.

We want to highlight two illustrative cases in which pedestrians injured by drivers faced medical expenses significantly higher than the insurance minimums. In one, a driver trying to make a right turn on red struck a pedestrian using a wheelchair in a crosswalk with the right of way. The pedestrian suffered a skull fracture, multiple rib fractures, and a broken nose. His medical expenses totaled about \$130,000 and his case was settled for the insurance minimum of \$25,000. In another case, a pedestrian was walking in a crosswalk when a driver made a left turn into his path and struck him, causing multiple fractures—breaking both wrists, both legs, fingers in both hands, and his nose—and facial lacerations. The medical costs totaled about \$339,000, and the case also was settled for the insurance minimum of \$25,000. In both cases, the remaining costs were paid by private health insurance or Medicaid. Even “minor” injuries can have a significant impact—one visitor to a PAC meeting told us that she suffered the “minor” injury of a broken ankle in a crash and it took a year of medical treatment for her to recover.

At the previous hearing on a similar bill in 2019, witnesses speculated that raising insurance minimums would result in higher premiums, which could result in low-income drivers dropping their insurance entirely because they cannot afford it. As the Statement of Introduction of the current bill says, “[S]tate after state has rejected that claim. Innocent victims of motor vehicle [crashes] have a right to recompense, and it is time the District enter the 21st century.” Moreover, testimony at the previous hearing suggested that insurance premiums are already rising in the District and that this increase is due primarily to people driving more expensive vehicles, as well as technical changes to vehicles, increased driving trips, and rising health care expenses. It may be appropriate for the Committee to examine the reasons behind and the consequences of this general rise in insurance premiums, but none of these factors—particularly people driving more expensive vehicles—suggests that the increase in premiums that would result from increased insurance minimums will be the reason that a driver drops their insurance.

The financial burden on crash victims has increased since 1986 as the value of insurance recovery has declined. In many cases, like the two highlighted in our testimony, the costs to victims that are not paid by the driver’s insurance are borne by the victim’s health insurance—or, increasingly, crowdfunding. Those costs are then passed along to the rest of us in the form of higher health insurance premiums and higher Medicaid costs. It is both logical and fair to update motor vehicle insurance minimums to ensure that drivers causing injuries are assigned the costs of their mistakes via their insurance premiums, rather than shifting that expense onto the individuals they injure and their health insurer.

Thank you for this opportunity to express the PAC’s strong support of this measure. If you have any questions, please contact us at dcpedcouncil@gmail.com.