

Proposed Changes to Arterial Network and to the National Highway System (NHS) Facilities in the MAG Area

Maricopa Association of Governments

August 6, 2014

MAG Management Committee

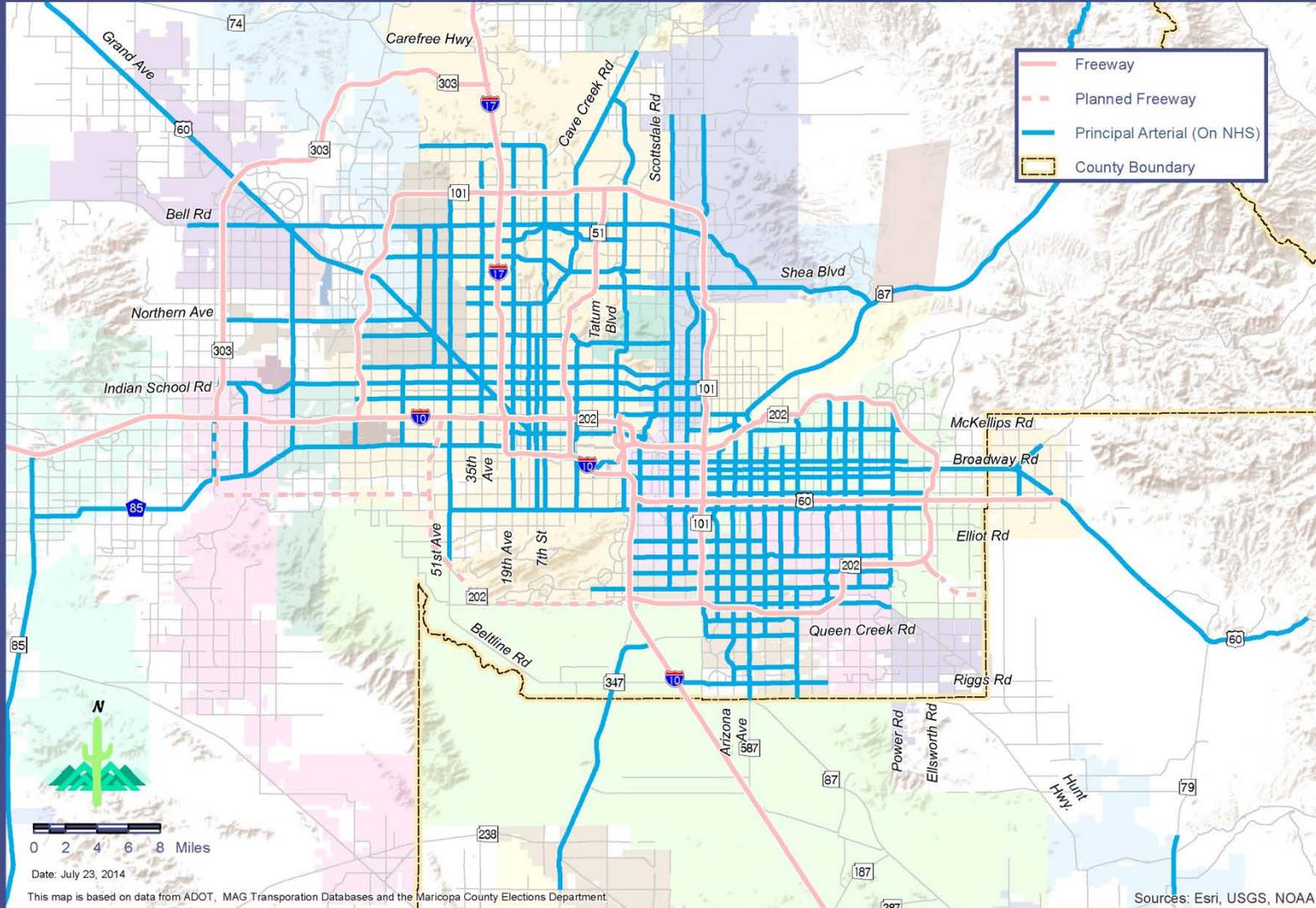
Agenda Item # 08

- Teri Kennedy,
Transportation Improvement Program Manager

NHS and Principal Arterials

- From the MAP-21 Act that was approved February 2012, Congress added all Principal Arterials to NHS.
Effective date **October 1, 2012.**
- NHS Regulations
 - Numerous regulations in CFRs: AASHTO, Design, design exceptions, materials certification, quality assurance program, warranties, sign and junkyard control.
 - **No additional funding** allocated to address increased requirements on Principal Arterials that were auto-added.
 - **Exact meaning is uncertain until ADOT develops implementing policies, particularly for off-system, locally funded projects and oversight of certification accepted agencies.**

Current Principal Arterial Network as of October 1, 2012



Historical Background

- October, 2012 Congress adds all Principal Arterials to NHS (MAP-21).
- Feb, 2013, MAG requests removal of Principal Arterials from NHS to reduce network.
- May, 2013 FHWA issued new guidance for functional classification.
- **October 2013, MAG was informed that their request to remove Principal Arterials will not be approved.** (indicated Principal Arterials cannot be removed to avoid requirements)

Two Fold Problem

Functional Classification of Arterial Network

- Last update was 1992. Many changes in Freeways and Arterial network since then.
- Many redundant corridors.
- New FHWA Guidance issued in May/June 2013 (Functional Class.).
- For principal arterials; **MAG is 22% above the national average** (large UZAs, ranked 8th) of Principal Arterials.
- Population and Employment patterns have matured.

National Highway System (NHS)

- Automatic Expansion (without MPO/COG concurrence).
- The principal arterials (auto incorp) do not meet the NHS requirements or goals of system.
- **Currently ALL new projects on the NHS MUST COMPLY** (slide 3).
- National Performance Measures due out in next few months.
- Quantity of principal arterials included is inordinately burdensome to State and local agencies (little to no increase in funding is available).

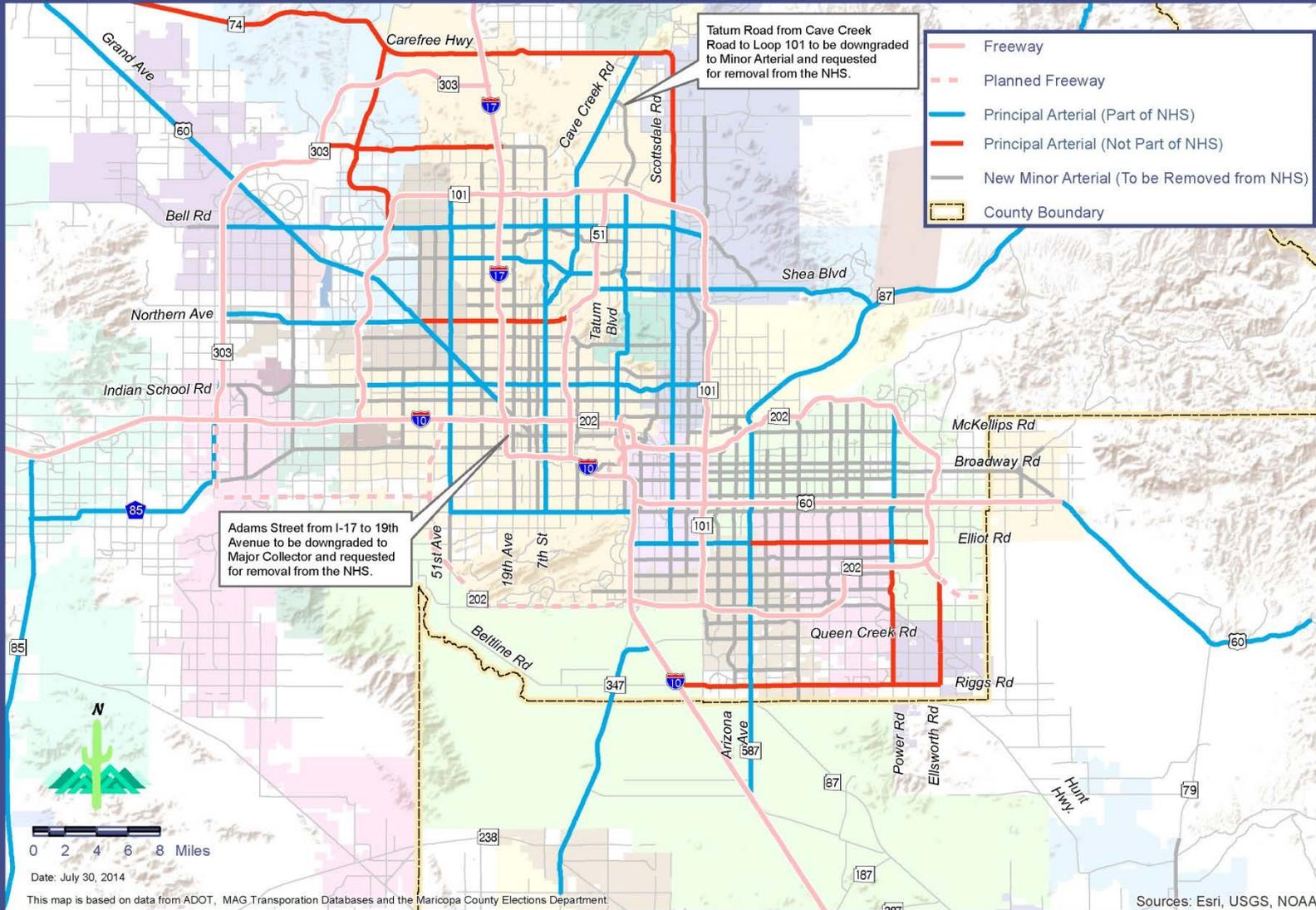
Ways to Modify the NHS

- Can remove NHS designation by reclassifying routes to minor arterial (**use common sense and keep consistent community standards**).
- Can request removal or additions of NHS designation on case by case basis – requires FHWA headquarters action
 1. **Must meet FHWA functional classification guidelines and NHS goals and requirements.**
 2. Should be a **rational system** of classification.
 3. Can be (should be) updated periodically in the future.

Approach

- Reviewed the current Principal Arterial Network, reviewed historic Roads of Regional Significance and updates to the Freeway network, surveyed other agencies in the west, and made comparisons with the nationwide network.
- Completed a modeling exercise and coordinated with member agencies, and held Street Committee Reviews.
- **Results:** Reclassify the principal arterials to minor where appropriate. And request changes specific to the NHS facilities where appropriate.

Revised Principal Arterial Proposal: Option 2F



Tatum Road from Cave Creek Road to Loop 101 to be downgraded to Minor Arterial and requested for removal from the NHS.

Adams Street from I-17 to 19th Avenue to be downgraded to Major Collector and requested for removal from the NHS.

- Freeway
- - - Planned Freeway
- Principal Arterial (Part of NHS)
- Principal Arterial (Not Part of NHS)
- New Minor Arterial (To be Removed from NHS)
- County Boundary

TRC recommended

Date: July 30, 2014

This map is based on data from ADOT, MAG Transportation Databases and the Maricopa County Elections Department.

Sources: Esri, USGS, NOAA

Impacts of NHS Reduction - Funding

- Current legislation
 - No impact on amount or type of funding received.
 - Loss of National Highway Performance Program (NHPP) funding eligibility for roads removed from NHS.
 - NHPP funding is primarily freeway and major rural highway funding (ADOT has fully programmed for next 12 years).
 - NHPP funding is under State control.
- Future legislation
 - Is unclear, and
 - does lower status of roadways removed.
 - If needs based legislation is approved, this could have adverse impacts on future funding.



Current Proposal

Pros

- Corrects functional classification of principal arterials
 - Roadway spacing & Route length
 - Network connectivity
 - Services urban centers, high traffic volumes, intermodal terminals, etc.
- Region wide reduces local NHS by approximately 656 miles, leaving 284 miles on the NHS, adding 5 miles.
- Allows projects on roadways that are removed from NHS to proceed.

Cons

- Would lower the priority of the roadways removed.
- Could affect future funding to the state and to the region.

Recommendation

- Recommend approval of the included map Option 2F, that updates the functional classification for the Principal and Minor Arterial network and of the modifications in the National Highway System for the MAG region and, to the 2035 Regional Transportation Plan as appropriate.

Thank you

- Contact information:
- Phone: 602-254-6300
 - Teri Kennedy tkennedy@azmag.gov
 - Steve Tate state@azmag.gov
 - David Massey dmassey@azmag.gov