

# Proposed Changes to Locally Owned NHS Facilities in the MAG Urban Area

## Maricopa Association of Governments

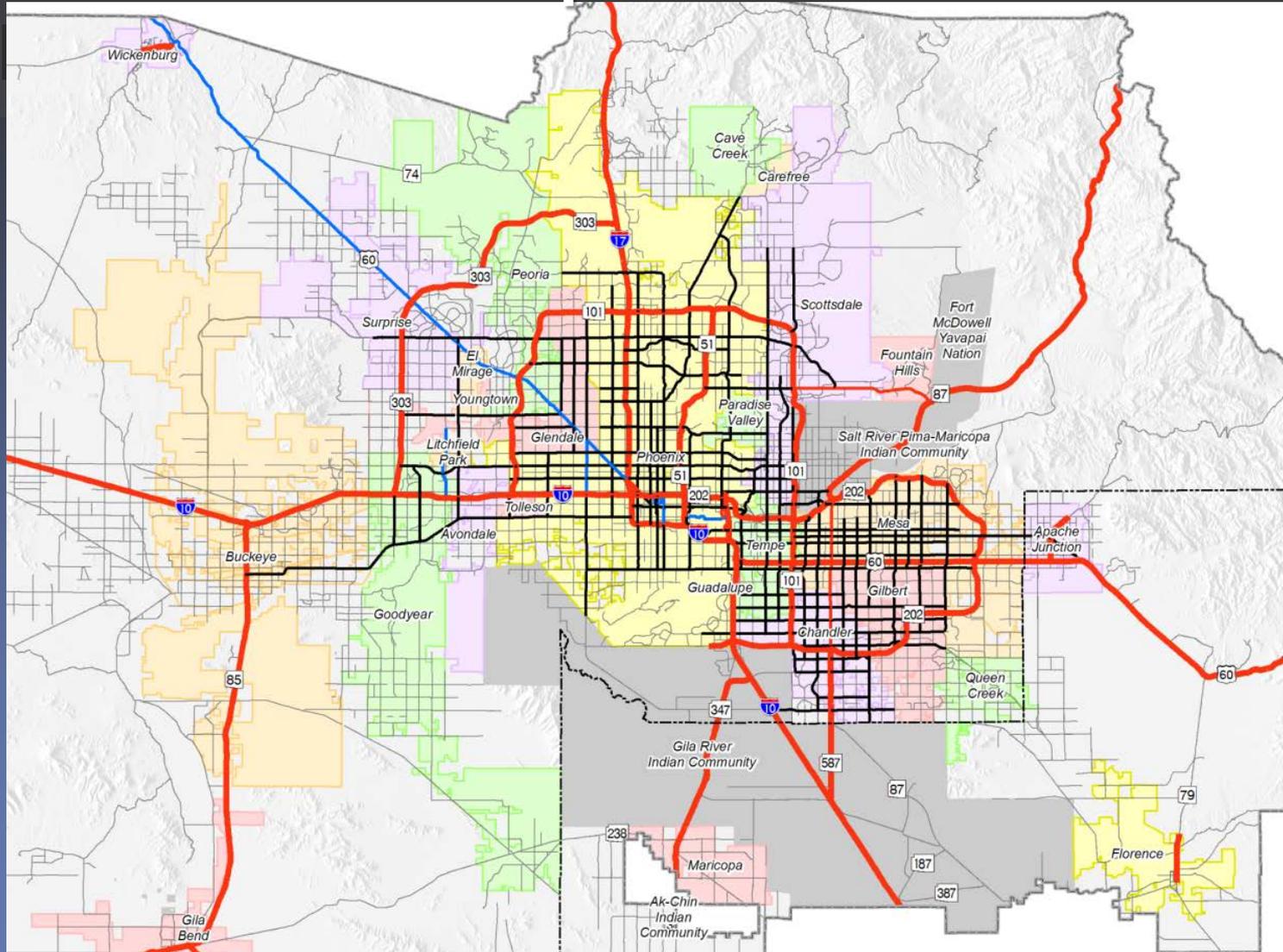
March 18, 2014

MAG Street Committee

**Agenda Item # 7**

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Transportation Planner

# Scope of Presentation



- ADOT Owned NHS routes
- Locally Owned Pre-MAP-21 NHS routes
- STRAHNET and Intermodal
- Local Principal Arterials
- Non-NHS
- Metropolitan Planning Area
- County Boundary
- Indian Communities

# Historical Background

- June, 2012 Congress adds all Principal Arterials to NHS.
- Feb, 2013, MAG requests removal of Principal Arterials from NHS to avoid NHS requirements.
- May, 2013 FHWA issues guidance to indicate Principal Arterials cannot be removed to avoid requirements.
- **October 2013, MAG informed request will not be approved.**

# Ways to Modify the NHS

- Can request removal of NHS designation on case by case basis – requires FHWA HQ action
- Can remove NHS designation by reclassifying routes to minor arterial
  1. Must meet FHWA functional classification guidelines
  2. Should avoid the appearance of circumventing NHS requirements

# Impacts of NHS Reduction - Funding

- Current legislation
  - No impact on amount or type of funding received
  - Loss of NHPP eligibility for roads removed from NHS
    - NHPP funding is primarily freeway and major rural highway funding
    - Under State control
- Future legislation
  - Obviously unclear
  - Does lower status of roadways removed

# Current NHS Requirements

- Design must meet AASHTO green book
- Design exceptions to be approved by FHWA
- Quality Assurance program with certified lab
- Limitations on the use of warranties
- Signage and Junkyard control requirements
- Inclusion of roadways in State Asset Management System
- Increased data collection under HPMS
- Possible reductions in ability of Certification Accepted agencies to manage federally funded construction on NHS routes
- Increased Federal oversight

# Impacts of NHS Reduction - Regulations

- Current Regulations
  - Exact meaning uncertain until ADOT develops implementing polices, particularly for off-system, locally funded projects and oversight of certification accepted agencies.
  - Evidence to date
    1. No national flight from the NHS
    2. DOTs in CA, OR, WA, CO, IN, MI and VA have told their MPOs not to worry
    3. OR has developed implementing polices for design that appear 'reasonable'

# Impacts of NHS Reduction – Regulations (cont.)

- ADOT
  - Reduced data collect for HPMS and Asset Management
  - Reduces network for Asset Management
- Future Regulations are unknown
  - Proposed Federal rule making for Asset and Performance Management are expected in the next three to six months
  - Increased data collection could be required of agencies owning roadways on the NHS

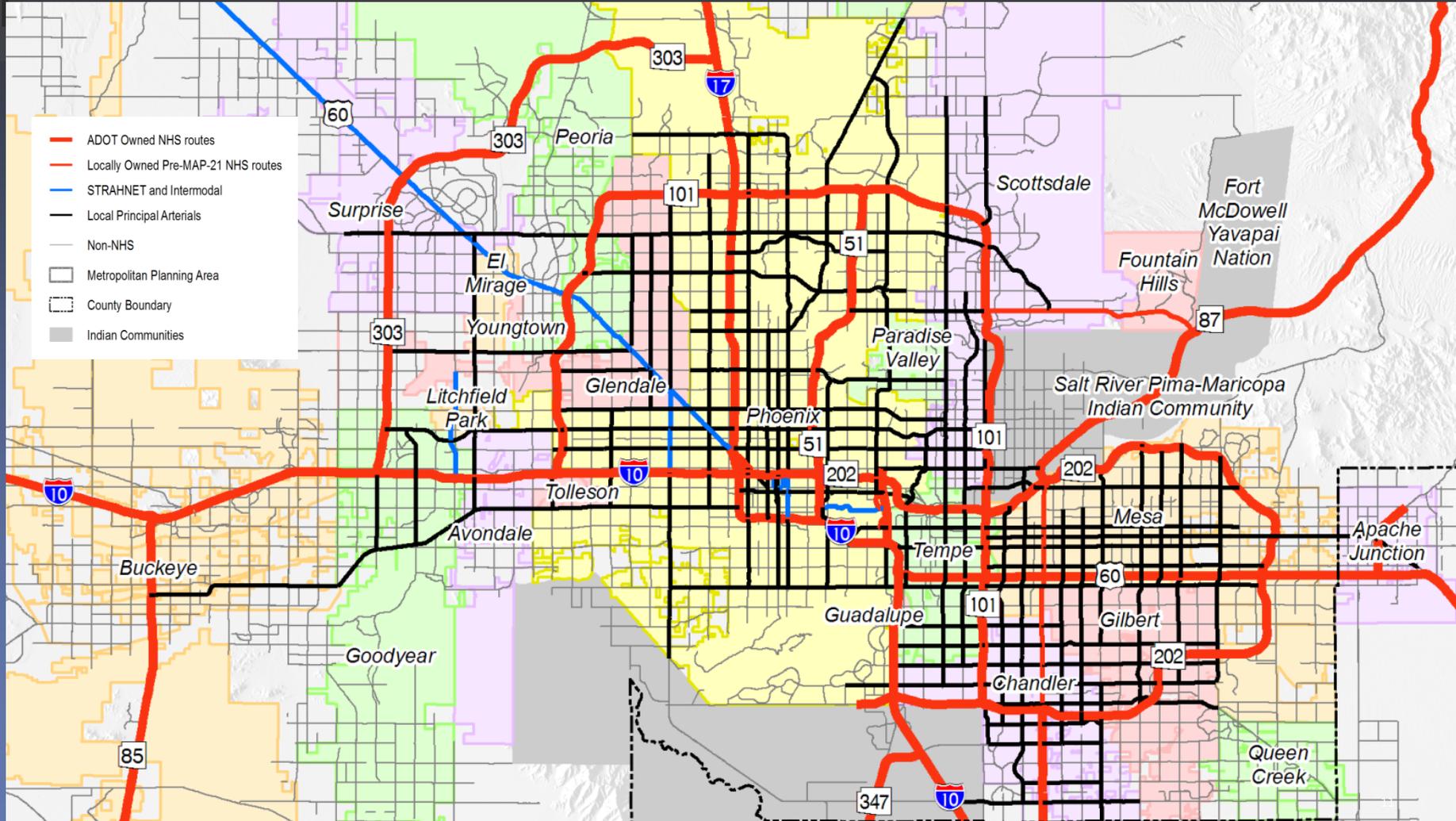
# Impacts of Reclassifying to Minor Arterial

- Funding
  - No impact on amount or type of funding received under current legislation
- Eligibility
  - None for federal funding received by member agencies
    - HSIP, CMAQ, TA and STP eligibility not affected
  - Loss of eligibility for NHPP funds
    - NHPP funding is primarily freeway and major rural highway funding
    - Under State control

# Approaches

- Approach One – Make no changes to the NHS
- Approach Two – Reduce the NHS to a much smaller network by reclassifying roadways to minor arterial
- Approach Three – Reduce the principal arterial network and request removal of all local NHS routes
- Approach Four – Remove all local NHS routes by reclassifying them as minor arterials

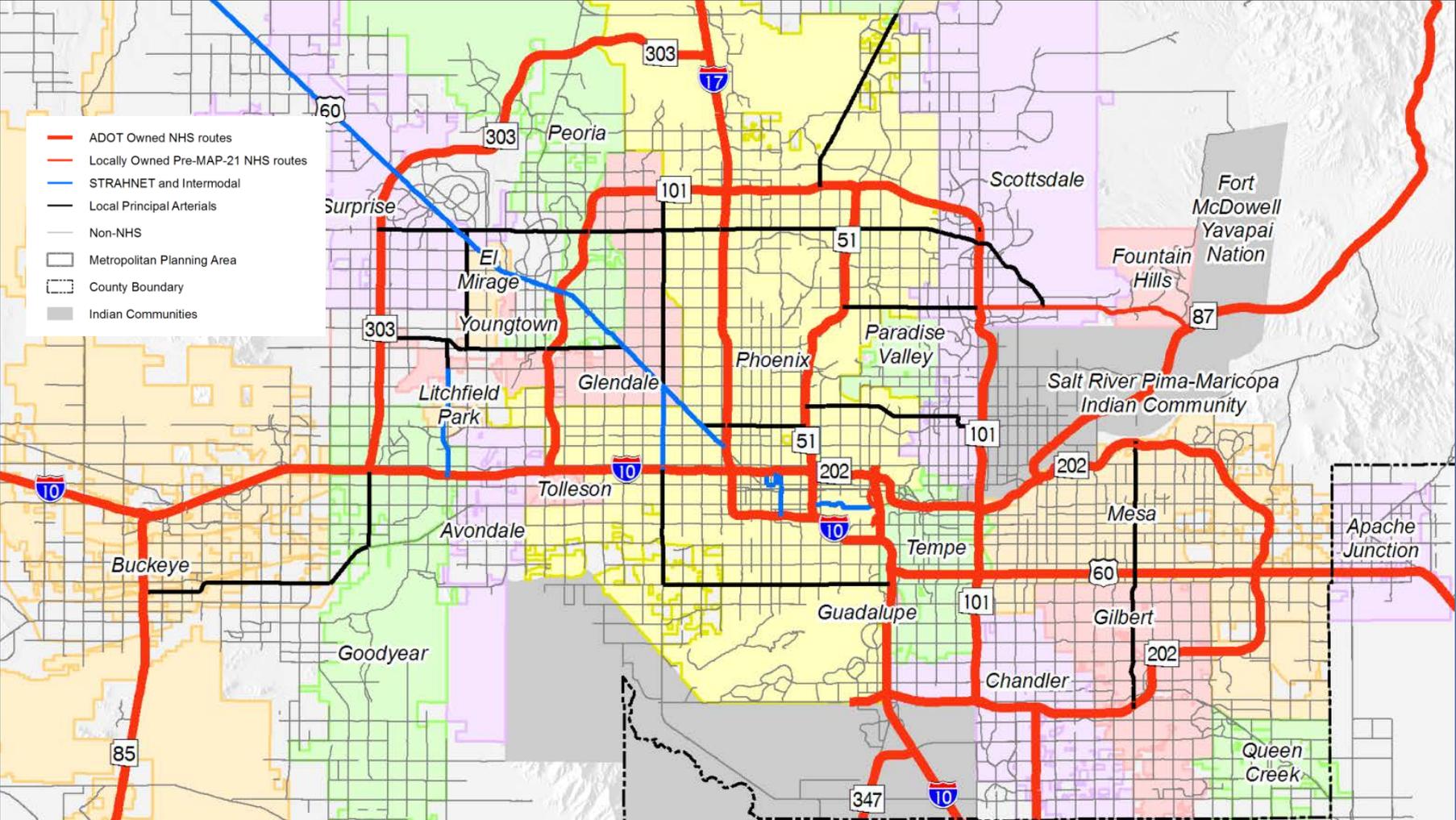
# Approach One - Make No Changes



# Approach One - Make No Changes

- Pros
  - Not clear that the NHS expansion will be a significant problem for member agencies until policies defined
- Cons
  - Leaves in place a principal arterial system that doesn't meet FHWA guidelines
  - Leave around 890 miles of local roadway subject to NHS requirements
  - Just kicks the can down the road

# Approach Two – Reduce NHS



# Approach Two – Reduce NHS

- Pros

- Corrects functional classification of principal arterials
  - Roadway spacing
  - Route length
  - Network connectivity
  - Services urban centers, intermodal terminals, etc.
  - Serves high traffic volumes
- Reduces local NHS by approximately 717 miles, leaving 173 miles on the NHS

- Cons

- Would lower the priority of the roadways removed

# Approach Two – Reduce NHS (Cont,)

- Possible Additions to Principal Arterial Network with or without NHS designation
  - State Routes
    - State Route 79 from US 60 to the Town of Florence
    - State Route 74 from US 60 to Interstate 17
  - A Northern route composed of the Carefree Highway from Interstate 17 to Scottsdale Rd, and Scottsdale Rd to the Pima Freeway
  - A Southern route from the Town of Florence through the Santan Valley connecting the Williams Gateway Freeway at Ellsworth Rd

# Recommendation

- We are recommending that the network in Approach Two be used as a base network for revising the NHS and that member agencies review this network for the following:
  - Compliance with NHS requirements
  - Possible addition or removal of routes.
- Potential action to recommend a network would occur at the April Street Committee meeting

# Thank you

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