

The Effects of MAP-21: Expanded NHS Q&A

Background

On July 6, 2012 President Obama signed into law the Moving Ahead for Progress in the 21st Century Act (MAP-21) that provides funding for surface transportation programs at over \$105 billion for fiscal years 2013 and 2014. MAP-21 is the first long-term highway authorization enacted since SAFETEA-LU expired in 2009. Under MAP-21, the enhanced National Highway System (NHS) is composed of approximately 200,000 miles of rural and urban roads including:

- Interstate System;
- All principal arterials (some not previously designated as part of the NHS) and border crossings on those routes;
- Highways that provide motor vehicle access between the NHS and major intermodal transportation facilities; and
- Strategic Highway Network (STRAHNET) routes and connectors to major military installations.

What is the "Expanded NHS"?

Under Section 1104 of MAP-21, the statutory mileage cap on the NHS was eliminated; it was expanded to include all principal arterial routes not previously designated as part of the NHS and meeting connectivity requirements. In Montana, most of the principal arterial routes added are located within the State's 16 urbanized/small urban areas.

<u>Is there a difference between "Expanded NHS" and "Enhanced NHS"?</u>

No; the terms "Expanded" and "Enhanced" are used interchangeably by The Federal Highway Administration (FHWA) when referring to MAP-21 additions to the NHS.

How many miles were added to the NHS?

Nationally, MAP-21 added 58,400 miles of Principal Arterials to the NHS. Montana's share was 125 miles, representing 0.2% of the Expanded NHS.

Where are these Expanded NHS routes located in Montana?

The majority of the routes added to the NHS are located in urbanized or small urban areas. Many Expanded NHS routes are on existing urban systems.

Please see FHWA's interactive MAP-21 National Highway System map here: http://hepgis.fhwa.dot.gov/hepgismaps11/ViewMap.aspx?map=Highway Information|MAP-21 National Highway System#

What is the process for future additions to the NHS?

Additions to the NHS of eligible principal arterial routes after October 1, 2012, will follow procedures currently outlined in 23 CFR Part 470.

How will improvements/projects on the Expanded NHS routes be funded within urban areas?

The primary source of funding for the Expanded NHS routes in the urban areas continues to be the Surface Transportation Program (STP) Urban funds as prioritized at the local level. Flexible funding criteria for the STP and with MCA 60-2-127 make the Expanded NHS eligible for STPU funding. In addition to STP funds, Section 1106 of MAP-21 establishes the National Highway Performance Program (NHPP) funds which may be used for eligible projects on all principal arterials connected to the NHS. Funding prioritization will not change as a result of the Expanded NHS. Use of NHPP funds is dependent on funding availability given needs and priorities already underway.

Does the addition of routes to the NHS provide additional funds?

No; it provides eligibility for NHPP funding only. However, use of NHPP funds is dependent on funding availability given needs and priorities underway.

Can routes be added to the urban system as a result of the Expanded NHS?

No. The urban system does not change with the Expanded NHS. Changes to system designations must follow current policy and procedures.

Will existing urban-funded projects be affected?

No; projects will continue under the funding plan determined at the initiation of their respective planning processes.

How will maintenance be affected on the Expanded NHS?

Maintenance responsibilities will not change as a result of the Expanded NHS. Many of the Expanded NHS routes were previously on the Urban Highway System and maintained by the relevant local government. In the cases where MDT directly maintained or had agreements with local officials to

maintain the urban routes, those maintenance agreements will remain in place. MAP-21 does not mandate maintenance responsibility for the Expanded NHS routes to the States.

What design and construction standards will be used?

Future projects on the Expanded NHS will be designed and constructed to NHS standards, however design exceptions will be allowed where appropriate.

What are the Performance Requirements for the Expanded NHS?

MAP-21 does not differentiate between the existing NHS and the Expanded NHS routes in terms of performance requirements. MAP- 21 establishes seven national goal areas and requires the Secretary of Transportation to establish performance measures for the NHS under National Performance Goals (23 U.S.C. 150). Under this section the Secretary is specifically directed to establish performance measures for NHS pavement condition, NHS bridge condition, and NHS system performance. These measures will be developed through a formal rulemaking process in consultation with the States, MPOs, and other transportation stakeholders.

In addition to the national performance measures, the National Highway Performance Program (NHPP) directs the States to develop risk-based, performance-based asset management plan for preserving and improving the condition of the NHS, and includes minimum pavement condition requirements for the Interstate (yet to be defined) and for NHS bridge condition, which is a threshold of no more than 10% structurally deficient bridge deck area on the NHS.

Will this action affect fuel tax allocations?

Fuel tax allocations will be affected but impacts are minimal. Road mileage is one factor used to calculate fuel tax allocations. Additional information on Montana fuel tax allocation can be found here: http://www.mdt.mt.gov/business/fueltax/allocations.shtml

Are outdoor advertising and junkyard controls impacted by changes to the NHS?

All highways designated as part of the NHS are subject to outdoor advertising and junkyard control.

Where can I find more information about MAP-21 and the Expanded NHS?

http://www.fhwa.dot.gov/map21/qandas/qanhs.cfm