Why is CDOT conducting a process to review and expand the NHS?

New federal transportation authorization (MAP-21) eliminated the statutory mileage cap on the NHS and requires its expansion. The bulk of the NHS expansion is a result of the inclusion of all principal arterials that are not a part of the current NHS. FHWA has requested that CDOT work with its planning partners to review roadway classifications and submit recommendations for changes in principal arterials and NHS designations.

What is the process for reviewing and modifying the Enhanced NHS and what are the criteria for classifying a road as a principal arterial.

CDOT has developed a guidance document outlining the process, timeline, and the criteria to be considered in reviewing principal arterials and modifications to the NHS. The criteria included in the guidance document is based on FHWA Functional Classification Guidelines and 23 USC 139(a) and (b). The guidance document is available here: http://www.coloradodot.info/programs/statewide-planning/documents/stac-materials-2012/oct-2012/2012NHSReviewInformation_Final.docx

Is there additional funding for local (off-system) roads associated with inclusion on the NHS?

While principal arterials and NHS highways are federal aid-eligible, MAP-21 does not provide additional funding for newly added NHS roads. The federal allocation of funds to the State is not related to NHS mileage, and so the addition of roads to the NHS will have no effect on the level of funding received by the State. As such, projects on off-system NHS roads will likely require local funding, or in Transportation Management Areas (TMAs) (i.e. DRCOG, NFRMPO, and PPACG), funding thorough sub-allocated federal funding sources such as STP-Metro. For off-system NHS roads, local entities and/or MPOs may consider prioritizing funding for NHS roads but there is no requirement that they do so.

Do local (off-system) NHS roads need to comply with NHS design standards?

All NHS roads must comply with NHS design standards. CDOT is waiting for guidance from FHWA on whether a “grace period” or grandfather clause exists. However, it has generally been
agreed by FHWA that new or reconstructed facilities will be subject to NHS design standards. How those standards will be applied to current or near-term future projects will be handled by FHWA on a case by case basis. Additional information on design standards is available here: http://www.fhwa.dot.gov/programadmin/standards.cfm.

**Does inclusion on the NHS mean that projects must go through the NEPA process?**

Inclusion on the NHS does not, by itself, constitute a federal nexus requiring NEPA. The use of federal funds and the type of project undertaken will continue to be the factors determining the applicability of NEPA.

**What are the performance management implications of inclusion on the NHS?**

The Secretary of Transportation, in consultation with States, MPOs, and other stakeholders, is directed to publish rulemaking concerning performance management within 18 months of the enactment of MAP-21. With respect to the NHS, this will address performance measures for NHS pavement condition, NHS bridge condition, and NHS performance. Measures for each of these will be established by FHWA and the State. The State will be responsible for setting targets for these measures, coordinating with MPOs on targets, and on reporting progress on achieving targets. The State will also be responsible for the development and implementation of a risk-based asset management plan. FHWA will review and recertify the plan at least every four years. Target setting, reporting, and the risk-based asset management plan will address both on and off-system NHS. There are penalties to the State for not developing a risk-based asset management plan, and for failing to set and direct resources to meet targets. As such, off-system roads added to the NHS are likely to face additional State and Federal scrutiny.

**What are the implications on outdoor advertising of inclusion on the NHS?**

Inclusion of both on and off-system roads on the NHS subjects those roads to the outdoor advertising controls articulated in 23 USC 131. States are responsible for the control of outdoor advertising on the NHS, and penalties to the State exist for failing to provide effective control. Effective control includes limitations on the use or erection of “signs, displays, or devices...if located within six hundred and sixty feet of the right-of-way...and beyond six hundred and sixty feet of the right-of-way outside of urban areas, visible from the main traveled way of the system, and erected with the purpose of their message being read from such main traveled way...” Additional information on effective control of outdoor advertising is available here: http://www.gpo.gov/fdsys/pkg/USCODE-2011-title23/pdf/USCODE-2011-title23-chap1-sec131.pdf
What are the implications on junkyards of inclusion on the NHS?

Inclusion of both on and off-system roads on the NHS subjects those roads to junkyard controls amended by MAP-21. MAP-21 amends 23 USC 136 to include effective control of junkyards along all highways on the NHS. Effective control means that “junkyards must be screened by natural objects, plantings, fences, or other appropriate means so that it is not visible from the main travel way of the system or must be removed from sight.” Additional information on effective control of junkyards is available here: http://www.gpo.gov/fdsys/pkg/USCODE-2011-title23/pdf/USCODE-2011-title23-chap1-sec136.pdf

Will the designation of a road as NHS have implications for snow removal?

Snow removal on off-system roads is the responsibility of local entities and will remain so regardless of whether these roads are included on the NHS. Snow removal on the state highway system is funded with state funds, not federal funds and NHS designation is not a factor in how CDOT deploys snow removal resources.

Are there any implications of NHS designation on access control permitting?

NHS designation does not affect access control permitting processes, although functional classification does have implications for access control.

What additional resources are available?

FHWA National Highway System  
http://www.fhwa.dot.gov/planning/national_highway_system/

FHWA Colorado NHS Map (as of October 1, 2012)  

FHWA Enhanced NHS Q and A  
http://www.fhwa.dot.gov/map21/qandas/qanhs.cfm

Who should I contact with additional questions?

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