April 19, 2022

From: Association of Pedestrian and Bicycle Professionals (APBP),

Institute of Transportation Engineers (ITE),

National Association of City Transportation Officials (NACTO),

The League of American Bicyclists (LAB),

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Dr. Peter Furth,

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Dr. Rebecca Sanders, Chair, TRB ACH20 Committee on Bicycle Transportation,

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To: Federal Highway Administration (FHWA)

 Via Martin Knopp, Associate Administrator for Operations, Martin.Knopp@dot.gov

Re: Denial of Requests to Experiment with Advisory Bike Lanes

The FHWA recently decided to reject all future Request To Experiment (RTE) applications for the dashed bike lane or advisory bike lane treatment. All of the organizations and people listed above are writing to encourage the FHWA to consider alternatives to this course of action.

This treatment has seen continued use in other countries for more than 50 years1. They have been shown to be safe and effective both in those countries and here in the U.S2,3.

Choosing to deny RTE applications creates or exacerbates the following problems:

1. Denial of RTE applications will persuade many agencies to forgo the treatment.
This prevents the installation of facilities for vulnerable road users. Given the reported safety record of ELRs in the US (CMF of .56)2 and their longtime use in other countries1, forgoing new installations makes it likely that crashes will occur as a result of uninstalled treatments.
2. The current set of approved RTEs is insufficient to evaluate the treatment over the envelope of conditions described in official design guidance. For example, use of ELRs at 35 MPH is supported by current guidance4 but no experiments at that speed exist.
3. The current set of approved RTEs includes a large number of installations with design features known by countries with more experience to be less safe, e.g. wide center lanes and door-zone bike lanes. The numerous facilities in Minneapolis and Washington, D.C. are well-known examples. This may lead to an inaccurate estimate of the treatment’s safety.
4. Denial of RTE applications has resulted, and will likely continue to result, in some communities installing facilities without approval. These facilities will remain unknown to the FHWA and unavailable for advancing our evidence base. This aggravates an already-substantial problem where approximately 44% of US agencies with ELRs have installed them without RTE approval3.
5. The current set of approved RTEs includes a large number of installations in urban or suburban settings. Rural facilities have different conditions in terms of vehicle characteristics, curbside treatments, driver demographics, etc. Evaluation of this new treatment should include enough rural installations to support their evaluation.
6. The current set of approved RTEs does not include a sufficient number of ELRs that support pedestrian use, despite their success doing so and the critical need for safe pedestrian facilities in rural areas and other settings where an ELR might be appropriate
7. FHWA guidance describes the treatment as being available with RTE approval. This decision contradicts the promise of that guidance.

In order to mitigate these problems, we believe an alternative to outright denial should be provided. This alternative should:

1. allow agencies to continue installing ELRs,
2. add facilities with narrower center lanes and buffered edge lanes to the set being evaluated, and
3. allow the FHWA to continue tracking new installations.

Possible alternatives could include:

* Issuing an Interim Approval for ELRs in conservative settings (3,000 ADT or less, 25 MPH or less) while continuing to require RTEs in other settings (3,000 - 6,000 ADT, 30 - 35 MPH),
* Automatically approve all future RTE applications with a standard data collection plan. The collected data would be made available upon request by the FHWA. This would allow the FHWA to track new installations, access data on those installations if needed, and allow agencies to continue installing new facilities.

We urge you to institute an alternative to denial of all RTE applications for this treatment. We are happy to help with this effort in any manner you may need.

Thank you,

Michael Williams

## References

1. OECD/InternationalTransport Forum (2013), Cycling, Health and Safety, OECD Publishing/ITF. <http://dx.doi.org/10.1787/9789282105955-en>.
2. Safety Considerations for All Road Users on Edge Lane Roads, Mineta Transportation Institute Report No. 20-55, CA-MTI-1925, March, 2021. <https://transweb.sjsu.edu/sites/default/files/1925-Pande-Safety-Edge-Lane-Roads.pdf>. DOI: 10.31979/mti.2021.
3. [Advisory Bike Lanes and Shoulders: Current Status and Future Possibilities,](https://www.advisorybikelanes.com/uploads/1/0/5/7/105743465/advisory_bike_lanes_and_shoulders_article_in_december_2019_ite_journal.pdf) Michael Williams, ITE Journal, December, 2019. <https://staging.nxtbook.com/ygsreprints/ITE/ITE_December2019/stage.php?startid=36#/p/44>.
4. Small Town and Rural Multimodal Networks, FHWA-HEP-17-024, Federal Highway Administration, December 2016. https://www.fhwa.dot.gov/environment/bicycle\_pedestrian/publications/small\_towns/.