May 13, 2021

The Hon. Peter Buttigieg

Secretary of Transportation

U.S. Department of Transportation (U.S. DOT)

Stephanie Pollack

Acting Administrator

Federal Highway Administration (FHWA)

**RE: Comments on how to revise the MUTCD to prioritize people walking and biking by integrating public health, equity, and climate justice**

Dear Secretary Buttigieg and Acting Administrator Pollack:

I write to encourage the Federal Highway Administration to improve the next version of the Manual on Uniform Traffic Control Devices for Streets and Highways (MUTCD*).[[1]](#footnote-1)*

People should be able to travel to work, shop, access health care, and visit friends, gather to participate in politics or cultural activities and generally enjoy their communities. All transportation options must be as viable as those afforded by people choosing to own and operate personal vehicles. Transportation infrastructure effectively connects people to opportunity when planned, designed, and implemented to prioritize practicality, safety, and personal dignity. People who walk, use a wheelchair or other mobility device, bike, or ride transit are most exposed to harm on our country’s streets. And, as my three-year-old daughter exclaims loudly to anyone who will listen every time we are in the car or riding on my bicycle, we all have to share the road with each other.

Unfortunately, the current manual overemphasizes engineering streets for the convenience of drivers to the detriment of the health and safety of other users. Many commenters have written about the need improve safety using a layered prevention approach endorsed by public health officials, reform design standards to prioritize the needs of vulnerable road users (rather than “prudent” drivers). I fully endorse those comments.

However, here I wanted to use my expertise as a health-policy researcher to focus my comments on the need to reform the 85th percentile rule governing speed limits for roads.

Currently, the MUTCD recommends setting speed limits in line with those of drivers driving faster than 85 percent of other drivers in free-flowing conditions. U.S. Health policy researchers have long known that setting policies in this manner can lead to damaging inflationary spirals. Most notably, after the passage of Medicare in the 1960s, program administrators attempted to placate doctors concerned about losing money under the new public health program by setting generous reimbursement rates. As a rough rule, regional reimbursement rates were set to 75th percentile of the customary fees charged by doctors in that region the previous year. As a result, the cheaper doctors all raised their rates for non-Medicare patients to the Medicare standard, while doctors charging around the 75th percentile realized that they could raise their rates still further. The result led to decades of spiraling costs that exacerbated affordability and coverage crisis in the American health care system.[[2]](#footnote-2) Medicare has since changed the benchmarks that govern its reimbursement dramatically, and now tends to function to control costs rather than exacerbate them.

We have options to revise the 85th percentile rule for speeding as well and eliminate inflated speeds. In 2017, the National Transportation Safety Board (NTSB) discouraged use of the 85th percentile practice to set speed limits. Among the NTSB’s 2021-2022 Most Wanted Listed of Transportation Safety Improvements is the call for regulators to “revise regulations to strengthen requirements for all speed engineering studies and remove the guidance that speed limits in speed zones be within 5 mph of the 85th percentile speed”[[3]](#footnote-3). Additionally, “a growing body of evidence shows that speed limit changes alone can lead to measurable declines in speeds and crashes, even absent enforcement or engineering changes,” according to a July 2020 press release from NACTO.[[4]](#footnote-4)

Federal guidance must be rooted in valid research that equates speed setting practices to the speed with the lowest crash involvement rate.

The National Association of City Transportation Officials (NACTO)’s *City Limits* publication offers three solutions to the 85th percentile rule for setting speed limits on urban streets: setting default speed limits on many streets at once; designating slow zones in sensitive areas; and setting corridor speed limits on high priority major streets using a “Safe Speed Study.”[[5]](#footnote-5)

These three methods prioritize safety, and help reset driver expectations for appropriate speeds on streets; which, alongside improvements in the built environment (e.g. wider sidewalks, narrower lanes, protected crossings and bicycle lanes, transit priority lanes) calm streets to *optimize vehicle flow at speeds that are conducive to safety for all road users*, including the most vulnerable ones.

Sincerely,

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Instructor of Medicine,

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*(Please note these are my own opinions and not necessarily those of my employer)*

1. This letter is based in part on model comments from [*Salud America!*](https://salud-america.org/tell-federal-highway-administration-fhwa-overhaul-transportation-engineering-standards-to-integrate-public-health/), which aids the public in commenting on the MUTCD to prioritize public health, safety, and equity – especially for people walking and biking. [↑](#footnote-ref-1)
2. Brownlee, Shannon 2007 *Overtreated: Why Too Much Medicine is Making US Sicker and Poorer*. New York: Bloomsbury USA. P 31-33 [↑](#footnote-ref-2)
3. <https://www.ntsb.gov/safety/mwl/Pages/mwl-21-22/mwl-hs-01.aspx> [↑](#footnote-ref-3)
4. <https://nacto.org/2020/07/22/nacto-announces-new-framework-to-set-safe-speed-limits/> [↑](#footnote-ref-4)
5. <https://nacto.org/wp-content/uploads/2020/07/NACTO_CityLimits_Spreads.pdf> [↑](#footnote-ref-5)