

Double Tree Hotel, 300 Army Navy Drive, Arlington, Virginia.

On Tuesday, January 28, 1997 the meeting will begin at 9:00 a.m. and end at 5:00 p.m. On Wednesday, January 29, 1997 the meeting will begin at 8:00 a.m. and end at 1:00 p.m. The meeting agenda will review Committee activities including the Report of the National Airspace (NAS) Research and Development Panel, FAA response to Committee recommendations and discussion on establishing 6 standing subcommittees.

Attendance is open to the interested public but limited to space available. Persons wishing to attend the meeting or obtain information should contact Lee Olson at the Federal Aviation Administration, AAR-200, 800 Independence Avenue, SW, Washington, DC 20591 (202) 267-7358.

Members of the public may present a written statement to the Committee at any time.

Issued in Washington, DC on November 21, 1996.

Andres G. Zellweger,

Director, Office of Aviation Research.

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BILLING CODE 4910-13-M

## National Highway Traffic Safety Administration

### Federal Highway Administration

[Docket No. 96-047-NO2]

#### Study of State Costs and Benefits Associated With Repeal of the National Maximum Speed Limit (NMSL)

**AGENCY:** National Highway Traffic Safety Administration (NHTSA) and Federal Highway Administration (FHWA), Department of Transportation (DOT).

**ACTION:** Final notice announcing NHTSA/FHWA plan to conduct a study of State costs and benefits associated with the NMSL repeal, as required by Section 347 of the National Highway System (NHS) Designation Act (Pub. L. 104-59).

**SUMMARY:** This notice is being issued to announce NHTSA's and FHWA's plan to conduct the study (hereinafter referred to as the "NHS Act study") of the State costs and benefits associated with repeal of the National Maximum Speed Limit (NMSL), as required by the National Highway System (NHS) Designation Act (Pub. L. 104-59). NHTSA and FHWA (hereinafter referred to as "the agencies") published a notice in the Federal Register (61 FR 31212) on June 19, 1996, inviting comments,

suggestions, and recommendations from State highway and traffic safety officials, highway safety organizations, researchers, and others on the agencies' proposed strategy for conducting the NHS Act study. The proposed strategy, as described in the initial notice, included a draft study outline, the minimum requirements for specific data from the States that have raised their speed limits, and a proposed schedule for completing the NHS Act study in order to meet the September 30, 1997, deadline established by Section 347 of the Act. This notice summarizes comments from the States and others on the proposed NHS Act Study and outlines the agencies' plan to meet the legislative requirement, in view of the concerns noted by the States.

**FOR FURTHER INFORMATION CONTACT:** In NHTSA, Delmas Johnson, National Center for Statistics and Analysis, Telephone 202/366-5382, Fax 202/366-7078, Internet address is djohnson@nhtsa.dot.gov. In FHWA, Suzanne Stack, Office of Highway Safety, Telephone 202/366-2620, Fax 202/366-2249, Internet address is sjstack@intergate.dot.gov.

**SUPPLEMENTARY INFORMATION:** The National Maximum Speed Limit (NMSL), enacted by the Congress during the Arab oil embargo of 1973 to conserve fuel, was initially set at 55 miles per hour (MPH). By March 1974, all States were in compliance with the NMSL. The Congress later passed legislation to make the NMSL permanent and to require the States to certify that the NMSL was being enforced. Congress also passed legislation requiring that a study of the benefits of the NMSL be undertaken. The National Academy of Sciences' Transportation Research Board (TRB) conducted this study and in 1984, published its special report, 55: *A Decade of Experience*.<sup>1</sup> The TRB study, while one of the most thorough and extensive examinations of this important safety issue, recognized the inherent difficulties associated with attempts to accurately estimate the safety, economic, and energy benefits of the NMSL. Even with these difficulties, the TRB study concluded that many lives and taxpayer dollars were saved each year with the NMSL. The TRB study also recognized several unresolved issues, including whether the control of the speed limit is a state or Federal responsibility.

In 1987, Congress passed legislation granting the states the authority to raise

the speed limit to no more than 65 MPH on the rural Interstate system and certain rural freeways. By 1988, forty states had raised limits on rural Interstates to 65 MPH, bringing approximately 90 percent of the 34,000 rural Interstate mileage to 65 MPH. In 1995, the National Highway System Designation Act (hereinafter referred to as "the NHS Act", Pub. L. 104-59) was passed, establishing the National Highway System and eliminating the Federal mandate for the NMSL. Section 347 of the NHS Act required the Secretary of Transportation to study the impact of actions to raise speed limits above 55/65 MPH, "in cooperation with any State which raises any speed limit in such State to a level above the level permitted under section 154 of title 23, United States Code \* \* \*", due September 30, 1997.

The agencies proposed a strategy for meeting the study requirements, as stated in Section 347 of the Act, in the initial Federal Register (61 FR 31212) notice, published on June 19, 1996. The proposed strategy emphasized cooperation between the agencies and the States that have increased their speed limits, as stated in the legislation, for preparation of the study, along with a proposed schedule for completing the NHS Act study. The agencies recognized in the initial notice that the proposed NHS Act study outline, while comprehensive in addressing the costs and benefits of increased speed limits, posed difficulties based on the proposed schedule, particularly in terms of data availability. The initial notice requested comments on the reasonableness of the proposed draft study outline, the feasibility of the proposed schedule, and the availability of state specific data.

This notice summarizes the comments received addressing the issues raised in the initial notice and describes the agencies' plan to meet the legislative requirement in view of the concerns identified in the comments.

#### Summary of Comments

A total of 39 official comments to the docket were received from State agencies, private citizens, National Motorists Association (NMA) members, and others. Nineteen (19) States were represented in the official docket comments. Eighteen (18) of the 19 States commenting to the docket have increased limits since the NMSL was repealed or are planning to do so. Many of the comments from the States included concerns regarding the complexity and/or comprehensiveness of the agencies' proposed study outline, often in terms of the burden that would be placed upon the States. Many of the

<sup>1</sup> 55: *A Decade of Experience*, TRB Special Report 204, National Research Council, Washington DC, 1984.

States commented regarding the unavailability of data and the apparent difficulty in meeting the proposed schedule. Comments from private citizens generally supported the repeal of the NMSL, with one exception. Several NMA members and officials commented, expressing views supporting the NMSL repeal and criticizing the proposed study outline. Comments were also received from the National Association of Governor's Highway Safety Representatives (NAGHSR), the Advocates for Highway and Auto Safety (AHAS), the American Trucking Association (ATA), and a consulting firm, JCW Consulting.

Cooperation and participation from the States with increased speed limits is critical to conducting the NHS Act study, as described in Section 347 of the Act. The States commenting to the docket recognized this critical issue and generally commented in three specific areas: Study Methodology, Data Availability, and Scheduling.

### 1. Study Methodology

While some of the States submitting comments to the docket indicated that the proposed approach was "solid" or "reasonable", most commented that the approach was too ambitious. The States also expressed concerns, however, that the approach was too broad, posed an additional burden, and would be difficult to accomplish due to the unavailability of data. NAGHSR commented that the proposed approach is reasonable "only if all states' data were available" AHAS commented that while the proposed approach was appropriate, ". . . reliance on state analyses and failure to consider other . . . issues" were important concerns.

### 2. Data Availability

The issue of data availability was addressed to some extent in all of the comments received from the States, along with some of the comments from private citizens and JCW Consulting. All of the States submitting comments to the docket expressed concerns related to the unavailability of data to meet the proposed NHS Act study outline. Among the reasons cited for lack of available data were: specific data not presently collected by the states, e.g., speed monitoring, medical costs related to crash injuries; not possible to provide

data in time to meet the proposed schedule; lack of resources; data currently collected inadequate for determining benefits and costs specifically related to increased speeds. Some States suggested that the agencies develop standards for estimating benefits and costs, particularly in the absence of specific state data collection efforts.

### 3. Scheduling

The States commenting to the docket consistently voiced the concern that the proposed schedule was ambitious, unreasonable, impossible, or unrealistic. One State suggested extending the proposed schedule one year past the September 30, 1997, deadline to avoid creating a "second-rate report." Three of the 18 States commenting to the docket indicated that plans existed to study the impact of increased speed limits in their respective State. However, all three States indicated that results from such studies would not be available in time to submit to the agencies for inclusion in the NHS Act Study. A concern regarding the before and after time frame of one year, as specified in Section 347 of the Act, was also expressed by several States and the ATA. ATA suggested that the agencies use a ten year baseline for conducting the study. Many of the States commented that one year of data after the increased limits became effective may not be adequate for analysis to determine impact. This issue is further complicated in that only nine States (Arizona, California, Illinois, Massachusetts, Montana, Nevada, Oklahoma, Pennsylvania, and Wyoming) may have had increased speed limits in place for at least nine months of calendar year 1996. This would mean, at best, that only one calendar year of data for the time frame after the increased speed limit was in place would be available for these nine States. States with increased speed limits becoming effective later in 1996, therefore, would not have one full year of final data to forward to the agencies prior to the report due date of September 30, 1997.

### Analytical Challenges

Due to the concerns expressed by the States and others in the areas of study methodology, data availability, and scheduling, the agencies are faced with

several major analytical challenges to conducting the NHS Act study. Several of the States specifically indicated that certain types of data, e.g., decreased travel time, increased fuel consumption, and increased or decreased medical costs, would not be available in time for inclusion in the report or was not presently being collected. Without this type of information from the States, it will be difficult for the agencies to address the entire range of benefits due to increased speed limits in the NHS Act study. The issue of data availability is further complicated in that many States are selectively increasing speed limits on certain road segments and/or roadway types, e.g., 4-lane roads, rather than systemwide, e.g., all Interstates. While the selective application of increased speed limits is indicative of the cautiousness on the part of many States in adopting higher limits, it further complicates the issue of data availability by necessitating the analysis of data by road segment. At the national level, determining the impact of increased speed limits on traffic fatalities will be limited to the latest available data from the Fatal Accident Reporting System (FARS) for calendar 1996, focusing on the nine States that have had increased speed limits in place for most or all of 1996. Finally, determining the impact of increased speed limits related to the amount of vehicle miles traveled and the distribution of vehicle speeds on affected roadways will be limited at best to the preliminary information available to the agencies in the summer of 1997.

The agencies' final plan for conducting the NHS Act study, in view of the States' concerns and the analytical challenges discussed above, is described in the following section.

### NHS Act Study Data

The initial Federal Register notice described several major categories of data the agencies needed, as a minimum, for addressing critical components of estimating the impacts of increasing speed limits. Based on the comments from the States and others in the area of data availability, the agencies plan to conduct the NHS Act study using the data described in the following table. This table represents a subset of the minimum data requirements included in the initial Federal Register notice.

NHS ACT STUDY DATA AND OUTLINE

Purpose	Data description	Performing organization
Background .....	Effective Dates of Change in Limits, Roadway Types, New Limit(s), Types of Vehicles Covered.	NHTSA/FHWA and States.
Determining the Impact of Increased Speed Limits on Traffic Fatalities.	Fatalities—1996 Fatal Accident Reporting System (FARS).	NHTSA—national estimates and impact on limited number of States.
Estimating Costs .....	Economic Cost of Crashes—Before vs. After Speed Limit Changes, Costs of Fatalities.	NHTSA—national estimates.
Determining Exposure .....	Vehicle Miles Traveled and Speed Distribution	FHWA—VMT: preliminary estimates, if available; Speed monitoring: from those States making voluntary submissions.

As discussed in Analytical Challenges, the agencies' ability to address the impacts of increased speed limits on injury and other crashes and estimating benefits in the NHS Act study will depend on what the States are able to provide within the study schedule. The agencies plan to use a methodology similar to that used in NHTSA's last Report to Congress on the *Effects of the 65 mph Speed Limit Through 1990* (DOT-HS-807-840, June 1992). This report illustrates the type of analysis of crash data that can be

performed for estimating the effect of speed limit changes. In this report, a time series regression model was used to estimate the data, using annual data from 1975 through 1986 as the baseline period, and 1987 through 1990 as the 65 mph period. Fatalities on rural interstate highways in the 38 states that increased their speed limits in 1987 were modeled as a function of fatalities on all other roads in these 38 states, and a dummy (0,1) variable representing the absence/presence of the 65 mph speed limit. This approach resulted in a model that

fit the data well (i.e., 88 percent of the variation explained). In general, a longer time frame permits more stable estimates than simply comparing the year before vs. the year after, and thus, would be preferable for the current report.

Schedule for Conducting the NHS Act Study

The agencies plan to conduct the NHS Act study within the following schedule in order to meet the deadline established by Section 347 of the Act.

SCHEDULE FOR CONDUCTING NHS STUDY

Date	Milestone
[Insert date of publication in the FEDERAL REGISTER].	Publish final notice on NHS Act study plan and summary of comments received in response to initial notice.
April 1–May 30, 1997 .....	Informally canvas States on the availability of any State-specific studies on the impact of increased speed limits.
June 30, 1997 .....	NHTSA/FHWA complete draft NHS Act study report including consolidation of individual State studies, as available.
July 1997 .....	Draft NHS study circulated for review within DOT (and specific States, as appropriate).
August 1997 .....	Final NHS study completed and reviewed/approved by DOT.
September 30, 1997 .....	Final NHS study sent to Congress.

The NHS Act study as outlined above will provide the agencies and Congress with a preliminary assessment of the impact of increased speed limits for a limited number of States. The agencies plan to continue informally to communicate with the States regarding the impact of increased speed limits, as more States have had the increased limits in effect for longer time periods.

Issued: November 22, 1996.

Donald C. Bischoff,

Executive Director, National Highway Traffic Safety Administration.

Anthony R. Kane,

Executive Director, Federal Highway Administration.

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[Docket No.96-87; Notice 1]

Reports, Forms, and Recordkeeping Requirements

AGENCY: National Highway Traffic Safety Administration (NHTSA), DOT.

ACTION: Request for public comment on proposed collections of information.

SUMMARY: This notice solicits public comments on continuation of the requirements for the collection of information on safety standards.

Before a Federal agency can collect certain information from the public, it must receive approval from the Office of Management and Budget (OMB). Under new procedures established by the Paperwork Reduction Act of 1995, before seeking OMB approval, Federal agencies must solicit public comment on proposed collections of information, including extensions and reinstatements of previously approved collections.

This document describes labeling requirements on four motor vehicle safety standards, for which NHTSA intends to seek OMB approval. The labeling requirements include brake fluid warning, glazing labeling, safety belt labeling and the vehicle certification labeling.

DATES: Comments must be received on or before January 28, 1997.

ADDRESSES: Comments must refer to the docket and notice numbers cited at the beginning of this notice and be submitted to Docket Section, Room 5109, NHTSA, 400 Seventh St. S.W., Washington, D.C. 20590. Please identify the proposed collection of information for which a comment is provided, by referencing its OMB Clearance Number. It is requested, but not required, that 1 original plus 2 copies of the comments be provided. The Docket Section is open on weekdays from 9:30 a.m. to 4:00 p.m.