

MD 355/Rockville Pike Crossing Project
Draft Purpose and Need Summary
Revised February 1, 2010

Project Purpose

The purpose of the MD 355/Rockville Pike Crossing project is to improve the movement of the traveling public between the west and east sides of MD 355/Rockville Pike at its intersection with South Wood Road and South Drive in Bethesda, Maryland. This transportation project is intended to: (1) enhance/improve access to mass transit facilities; and (2) improve the mobility and safety of motorists, pedestrians, and bicyclists crossing MD 355/Rockville Pike in Bethesda, Maryland.

Project Needs

1. Enhance/Improve Access to Mass Transit Facilities

MD_355/Rockville Pike Crossing project would improve access to mass transit facilities in one of the most congested areas in the region. It would better integrate connectivity between rail, bus, car/vanpool, and pedestrian/bicycle commuters. Increasing transit usage is part of the approach to mitigate forecasted congestion levels in this area of Montgomery County associated with BRAC impacts. Improved access to the Medical Center Metrorail Station would likely increase Metro ridership.

In addition, ridership is anticipated to increase by 56 percent by 2020 with NNMC's commitment to increase employee transit mode usage from 11 percent to 30 percent by 2020 (Source: Washington Metropolitan Area Transit Authority's (WMATA) July 2009 "Medical Center Station Access Improvement Study"). It is also anticipated that this project will promote the use of pedestrian and bicycle paths for local residents, thereby reducing the use of single occupancy vehicles.

2. Improve the Mobility and Safety of Motorists, Pedestrians, and Bicyclists Crossing MD 355/Rockville Pike

The Base Realignment and Closure (BRAC) Action will result in the relocation of up to 2,500 employees from the Walter Reed Army Medical Center to the NNMC by September 2011, increasing employee population to 10,500. BRAC related relocations are expected to also increase the number of NNMC patient appointments and other visitors from the current level of approximately 435,000 annually (1,673 per weekday) to approximately 919,000 annually (3,535 per day) a total increase of 484,000 annually (1,862 per weekday) (Source: Department of the Navy's March 2008 FEIS For Activities to Implement 2005 Base Realignment and Closure Actions At National Naval Medical Center). The Medical Center Metrorail Station serves several thousand NIH and NNMC employees and visitors, plus serves a significant amount of local area commuters. Ridership is expected to increase in the future and NNMC and NIH employees are expected to comprise about 72 percent of the total Medical Center Metrorail Station passengers by 2020 (Source: Washington Metropolitan Area Transit Authority's (WMATA) July 2009 "Medical Center Station Access Improvement Study").

The NNMCMC BRAC 2005 ROD raises a concern regarding traffic conflict between pedestrians and vehicles at the intersection of Rockville Pike and South Wood Road. An existing at-grade Rockville Pike crosswalk links NNMCMC to the Medical Center public transit station at South Wood Road. Pedestrian crossings of MD 355 pose a safety concern and cause traffic delays in the morning peak period for vehicles turning east into NNMCMC's South Wood Road gate from northbound Rockville Pike. In the evening peak period, pedestrian traffic causes traffic delays and on-post backups for vehicles exiting westbound from the South Wood road gate turning south onto Rockville Pike. Likewise, similar conflicts occur on the west side of Rockville Pike because the pedestrians cross Rockville Pike while vehicles are making turning movements. In the afternoon peak period, this conflict results in safety concerns and traffic delays and backups on the NIH Campus.

Transit users (Metrorail, Metrobus and RideOn) and pedestrians and bicyclists from the surrounding community wishing to cross MD 355 to get to NNMCMC from the Medical Center Metrorail Station or NIH must compete with very high volumes of traffic traveling on MD 355. Today, the only entrance to the Medical Center Metrorail Station (on the Red Line of Washington Metropolitan Area Transit Authority's (WMATA) Metrorail System) is on the west side of MD 355, near the intersection of South Drive and MD 355. In addition to the Metrorail Station, there is bus service provided by RideOn and Metrobus, and NNMCMC and NIH shuttle stops. There is also a WMATA Kiss & Ride (drop off) area located at the Metrobus/Ride-On bus transfer area, closest to the NIH security gate. Approximately 3,000 pedestrians cross MD 355 each day, and it is estimated that this number of pedestrians will increase to at least 6,700 by 2020 (Source: WMATA's July 2009 "Medical Center Station Access Improvement Study").

Goals and Objectives

A set of project goals and objectives has been developed based on the project's purpose and need described above, findings from previous studies and partnering meetings. The goals and objectives represent different levels of priority for each stakeholder.

One project goal is to promote alternative modes of transportation such as Metrorail, bus, car/vanpools, pedestrian and bicycle commuting.

A secondary project goal is to improve access for emergency vehicles across MD 355/Rockville Pike between NNMCMC and the National Institutes of Health (NIH). Emergency patient transport is sometimes required between the two medical facilities. These vehicles must use the same congested roadway system used by all regular vehicular traffic in the area, which is often saturated with poor traffic flow, even with emergency vehicle procedures in place. The Bethesda Hospitals' Emergency Preparedness Partnership, consisting of NNMCMC, the NIH Clinical Center, and Suburban Hospital Healthcare System identified in 2004 a critical need for improved transportation access between the three medical facilities during emergency events (such as 9/11) to support the partnership's current emergency preparedness initiatives. One of the major goals of the partnership is to respond rapidly and successfully during a major disaster incident/catastrophic event and to sustain operations when hospitals have reached maximum surge capacity and local state, and county resources have been depleted.