

Senate Fiscal Agency
P. O. Box 30036
Lansing, Michigan 48909-7536

SFA

BILL ANALYSIS

Telephone: (517) 373-5383
Fax: (517) 373-1986
TDD: (517) 373-0543

House Bills 5583 and 5584 (as passed by the House)
Sponsor: Representative David Gubow (H.B. 5583)
Representative Andrew Raczowski (H.B. 5584)
House Committee: Transportation
Senate Committee: Transportation and Tourism

Date Completed: 3-23-98

CONTENT

House Bills 5583 and 5584 would amend the Aeronautics Code to prohibit discrimination regarding access to or use of private landing areas and flight operations; revise and expand on the current licensing requirements for hospital heliports; and, establish licensing requirements for hospital helistops. The bills are tie-barred to each other.

A more detailed description of the bills follows.

House Bill 5583

The bill would prohibit the denial, limitation, or regulation of access to or use of public use facilities and private landing areas within the State and flight operations, including those at airports, based on a person's race, religion, creed, color, national origin, gender, ancestry, lineage, descent, heredity, or familial relationship, notwithstanding any existing denial, limitation, or regulation to the contrary.

The bill also would revise the definition of "private landing area" to specify that, notwithstanding any existing limitation or regulation to the contrary, the owner and any other person authorized by the owner would have the right to use a private landing area. The bill also would define "hospital helistop" as a minimally developed facility for the boarding and discharging of helicopter crew and passengers and the loading and unloading of helicopter cargo solely for an air ambulance or other hospital-related functions.

House Bill 5584

Hospital Heliports

The bill would delete current licensure provisions that require a hospital heliport to comply with the requirements established for general use heliports, and that reserve hospital heliports only for aeromedical or official hospital business flights. The bill, instead, would require a hospital heliport to be reserved solely for air ambulance use or other hospital-related functions. A hospital heliport would have to have an airport manager, appointed by the hospital heliport owner or operator, who was licensed by the Michigan Aeronautics Commission within 90 days after being appointed.

Under the bill, a hospital heliport would have to have a final approach and takeoff area that was at least one-and-a-half times the overall length of the largest helicopter authorized to use the heliport. The final approach and takeoff area would have to be positioned to provide a minimum safety region of at least 10 feet or one-third of the rotor length of the largest helicopter that would land at the site,

measured from the edge of the final approach and takeoff area to the obstacle nearest that area. A hospital heliport would have to have at least one approach or takeoff path that was aligned as nearly as possible with the dominant winds, but that could deviate from that alignment to avoid objects or noise-sensitive areas or use airspace above public lands.

The heliport would have to be capable of being secured to prohibit the inadvertent or unauthorized entry of person or vehicles. If the heliport were at ground level, the operational areas would have to be fenced or marked with caution signs to prohibit the inadvertent or unauthorized entry of persons or vehicles. Signs indicating a heliport would have to be located on the heliport's perimeter. The touchdown and liftoff area would have to be a paved hard surface. The heliport would have to have a lighted wind direction indicator. Suitable lighting would have to be provided at the heliport's perimeter for night operations, and that lighting at a minimum would have to include lights at each corner of the final approach and takeoff area. Identification markings, as currently required, would have to be present at the hospital heliport site that conformed to Federal Aviation Administration standards for hospital heliports.

Hospital Helistops

A hospital helistop license would have to be granted if the following minimum requirements were met. The hospital helistop have to have an airport manager, appointed by the owner or operator of the helistop, who was licensed by the Commission within 90 days after being appointed. The helistop would have to be reserved solely for air ambulance use or other hospital-related functions.

The helistop would have to have at least one suitable helicopter approach path that was identified and free of obstacles, have a wind direction indicator, have appropriate permanent or temporary lighting available for night operations, and have adequate security to prevent bystanders from approaching a helicopter as it landed or departed.

Pilots

A pilot of a helicopter landing at a hospital helistop or heliport would have to receive prior permission to land at the hospital helistop or heliport from the facility's manager or his or her designee.

MCL 259.20c et al. (H.B. 5583)
259.86a & 259.89 (H.B. 5584)

Legislative Analyst: L. Arasim

FISCAL IMPACT

The bills would have no fiscal impact on State or local government.

Fiscal Analyst: P. Alderfer

S9798\S5583SA

This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.