

## **HOSPITAL HELIPORTS AND HELISTOPS**

**House Bill 5888 as introduced  
Sponsor: Rep. David Gubow**

**House Bill 5889 as introduced  
Sponsor: Rep. Andrew Raczkowski**

**First Analysis (6-9-98)  
Committee: Transportation**

### ***THE APPARENT PROBLEM:***

According to the Michigan Association of Air Medical Services, in 1996 Michigan's helicopter air medical transport services safely completed over 3,000 missions, and approximately 4,800 of their landings and take-offs were logged at the heliports and helistops of hospitals. In all, there are 160 heliports located at hospitals throughout the state. However, the association notes that in 1996, the Aeronautics Code was revised to strengthen the standards for commercial heliports. In the process, hospital heliport standards were made as stringent as, and in some instances more stringent than, those for commercial heliports. In fact, the code made the standards for hospital heliports more stringent than is required by FAA regulations.

The Michigan Health and Hospital Association reports that the changes to the law failed to take into account differences between general use heliports and hospital heliports, as well as differences between helicopter operations at different hospitals. Unlike general use heliports, hospital helicopter operations are limited almost exclusively to use as air ambulances. In addition, among those facilities with helicopter capabilities, there are differences between facilities where helicopter operations are a routine part of the operation, contrasted with those where helicopters visit on a less frequent basis.

The end result of these changes is that the vast majority of hospital heliports and helistops (the name given to less elaborate, more modestly equipped air ambulance operations) are currently out of compliance with state law. Many hospitals cannot meet these new standards without undue financial hardship. Others cannot meet the standards under any circumstances. The Association of Air Medical Services notes that the

implications for patients are potentially disastrous if heliports and helistops must be shut down or moved to a location distant from the hospital.

In addition, a couple years ago, a Michigan township adopted an ordinance that limits access to a private use airport. To prevent the airport owner from denying access to pilots in a discriminatory manner, and to overturn the local restriction, a court challenge was brought in which both the NAACP and the Tuskegee Airmen filed amicus briefs.

For these reasons, some argue that legislation is needed to form a set of hospital heliport standards that are safe, consistent with FAA regulations, and appropriate to meet the needs of hospitals and their patients; and generally, to prohibit unlawful discrimination in aeronautics operations.

### ***THE CONTENT OF THE BILLS:***

House Bills 5888 and 5889 would amend the Aeronautics Code of the State of Michigan to prohibit discrimination regarding access to landing areas, and to set the minimum requirements for licensing hospital heliports and helistops. The bills are tie-barred.

House Bill 5888 (MCL 259.20c and 259.24a) would prohibit discrimination based on race, religion, creed, color, national origin, gender, ancestry, lineage, descent, or heredity with regard to access or usage of public use facilities and private landing areas. Further, the bill would add the definitions of "hospital" and "hospital helistop" to the act. Finally, the bill would clarify the definition of "private landing area" to ensure that an owner and any person

authorized by an owner would have the right to use a private landing area, despite discrimination prohibitions.

House Bill 5889 (MCL 259.86a and 259.89) would delete language requiring a hospital heliport to meet the same standards established for general use heliports, and instead would set 12 minimum requirements for licensure as a hospital heliport. To be licensed, a heliport would have to be reserved solely for air ambulance use or other hospital-related functions; have a licensed airport manager; have final approach and takeoff areas meeting certain dimension and alignment configurations to ensure safety; be secured (fenced or marked with caution signs) to prevent unauthorized entry; have a paved touchdown and liftoff area; have a lighted wind direction indicator and suitable lighting for night operations; and, have identification markings that comply with Federal Aviation Administration standards.

Further, the bill would add the category of hospital helistop, and set licensing standards. To be licensed as a hospital helistop, a helistop would have to: have a person responsible for the daily operations of the hospital helistop, as determined by the owner or operator, who meets the minimum standards established by the commission; provide the name of the responsible person to the commission in writing and identify how that person may be reached in an emergency; be reserved solely for air ambulance use; have at least one suitable approach path, a wind direction indicator, and appropriate permanent or temporary lighting available for night operations; and, have security adequate to prevent bystanders from approaching a helicopter as it departs or lands.

The bill would also require the pilot of a helicopter to get landing permission from the hospital helistop or a responsible person.

### ***FISCAL IMPLICATIONS:***

The House Fiscal Agency noted, with regard to earlier, similar legislation, that these bills would have no overall fiscal impact since they add language that clarifies current practices. (2-27-98)

### ***BACKGROUND INFORMATION:***

The Aeronautics Code of the State of Michigan. The Aeronautics Code provides for the licensing and regulation of aircraft, airports, pilots, aviation schools, and numerous other aspects of aeronautics

within Michigan, and gives the Michigan Aeronautics Commission general supervision over aeronautics in the state. The code was enacted in 1945, and has been updated occasionally over the last 53 years to reflect current industry standards and to bring it into compliance with federal law. The last two major updates of the code occurred in 1976 and 1996. During the interim periods (between recodifications), the commission generally has altered administrative rules to reflect current practices and terminology.

Aeronautical facilities. During the 1996 update of the code (Public Act 370 of 1996), a number of then current rules were codified, including those that defined different categories of aeronautical facilities. The new law established six different types of aeronautical facilities: the first three are classes of airports; the fourth the seaplane base; the fifth the heliport; and a sixth (and at the time a new category), the hospital heliport, whose minimum specifications were similar to the general use heliport.

Similar legislation. Bills similar to these were introduced earlier in this legislative session as House Bills 5583 and 5584 and passed both houses. House Bill 5583 (which was similar to House Bill 5888) was vetoed by the governor. House Bill 5584 (which was identical to House Bill 5889) was signed and enacted as Public Act 81 of 1998; however, the act will not go into effect since the bills were tie-barred to each other.

House Bill 5888 is different from the vetoed bill in one respect: the words "familial relationship" have been deleted, so that House Bill 5888 would prohibit discrimination based on race, religion, creed, color, national origin, gender, ancestry, lineage, descent, or heredity, but not familial relationship. Enrolled House Bill 5583 was vetoed by the governor in a message dated May 6, 1998. In his veto message the governor wrote: "The intent of Enrolled House Bill 5583 is to preempt local ordinances that place restrictions on the use of private airstrips or 'landing areas'. However, in its attempt to protect the rights of some owners of private landing areas, the bill places an unwelcome restriction on the rights of all such owners. I refer specifically to the bill's requirement that access to private landing areas 'shall not be denied, limited, or regulated . . . on the basis of . . . familial relationship'. This language would appear to prevent the owner of a private landing area from restricting its use to members of his or her own family. This limitation on private property rights is unacceptable. I also question the wisdom of attacking local ordinances concerning the use of private airstrips on

the basis of state civil rights. I do not consider this a proper basis for extending our cherished civil rights protections, which should be rooted in efforts to remedy or prevent actual instances of discrimination. For these reasons, I am returning Enrolled House Bill 5583 without signature."

**ARGUMENTS:**

**For:**

In 1996, helicopter medical transport services safely completed over 3,000 missions in Michigan. Nonetheless, most of the hospital heliports and helistops to and from which the transports regularly fly are not in compliance with the state Aeronautics Code. When the code was updated in 1996, a new category of aeronautical facility was added: the hospital heliport. The code treated a hospital heliport as if it were the same as a busy, commercial full-service heliport, failing to recognize that the sole purpose of the vast majority of hospital heliports is to provide air ambulance service. This legislation makes clear the distinction between a general service heliport and a hospital heliport. What's more, the bill would create a new category of aeronautic facility, the helistop, a landing and take-off zone for an air ambulance that is less elaborately equipped than a heliport, yet medically necessary.

**POSITIONS:**

The Michigan Health and Hospital Association supports the bills. (6-3-98)

The Department of Transportation supports the bills. (6-3-98)

Analyst: J. Hunault

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■This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.