

1 Ronna L. Fickbohm (SBN 17936)
2 **FLETCHER STRUSE FICKBOHM & WAGNER PLC**
3 6750 N. Oracle Road
4 Tucson, Arizona 85704
5 Telephone: (520) 575-5555
6 rfickbohm@tucsontrusts.com

7 and

8 Paul McGoldrick (SBN 010383)
9 **SHORALL MCGOLDRICK BRINKMANN**
10 1232 E. Missouri Ave.
11 Phoenix, AZ 85014-2912
12 paulmgoldrick@smbattorneys.com

13 *Attorneys for Intervenors – AMR CON Holders*

14 **BEFORE THE OFFICE OF ADMINISTRATIVE HEARINGS**

15 In the Matter of:)

16 **RBR Management LLC, dba Community**)
17 **Ambulance**)

18 Applicant.)

19 Docket 2017-EMS-0104-DHS
(EMS No. 0283)

20 **INITIAL WITNESS AND EXHIBIT**
21 **LIST OF AMR-RURAL/METRO**
22 **CON HOLDER INTERVENORS**

23 (Assigned: The Hon. Tammy
24 Eigenheer)

25 American Medical Response of Maricopa, LLC dba . . . (CON 136); R/M
26 Arizona Holding, Inc. dba Canyon State Ambulance dba . . . (CON 58); Life Line
Ambulance Service, Inc. (CON 62); Rural/Metro Corp.-Maricopa dba . . . (CON
109); and Professional Medical Transport, Inc. dba PMT Ambulance dba . . . (CON
71)(hereafter referred to collectively as “AMR CON Holders” or “AMR entities”), all

1 of which are wholly owned affiliation of American Medical Response, Inc. (“AMR”),
2 hereby submit their list of possible witnesses and exhibits for the hearing in this
3 matter. By listing witnesses and exhibits herein, and in any supplements thereto,
4 these Intervenors do not mean to represent that they will in fact call each witness
5 or utilize each exhibit. This initial list is further subject to supplementation.
6

7 **WITNESSES:**

8 A. **John Valentine**, AMR Regional Director, AZ South Division, will
9 testify regarding his background and experience. May also testify regarding
10 current operations in Maricopa County and the adjacent counties where there is
11 some overlap in services/resources utilization, and to the absence of “public
12 necessity” for the Applicant’s proposed services. May testify that the AMR CON
13 Holders expect a significant negative operational impact, should the Application be
14 granted, as a result of lost calls/ transports and the anticipated need to back-up the
15 Applicant. Entry of the Applicant will require these Intervenors to shift and
16 reduce currently deployed resources, which will inevitably result in both slower
17 911/immediate and non-immediate (IFT, convalescent, etc.) response times. The
18 Intervenors have already seen similar impacts from the entry of other CON
19 holders into the overall Maricopa County system. The Applicant’s intent to solely
20 or primarily service Dignity affiliated entities, and to not do any immediate/911
21 transports, will aggravate the expected negative impact to Intervenors and the
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1 public they serve. The Applicant's apparent operations plan will "cherry pick" the
2 Maricopa County ambulance transport system, requiring the AMR CON Holders
3 to reduce and relocate the number of ambulance transport units they currently
4 use, while at the same time continuing to have to cover their significant
5 immediate/911 responses, their IFT/convalescent duties, and any Dignity system
6 calls the Applicant is unable to service. This adjustment will not increase
7 competition or result in the addition of ambulance resources to the system. For
8 the Dignity affiliated facilities, it is also expected to decrease
9 diversity/competition.
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11

12 May also testify that AMR, as a result of the entry of AMR Maricopa into
13 Maricopa County, and through the purchase of the Rural/Metro CON holders, has
14 made significant improvements to the Maricopa County ambulance transport
15 system, including implementation of interfacility transport response criteria
16 (required arrival times). AMR also took a failing provider (the Rural/Metro
17 organization) and made it healthy. It infused significant capital improvements
18 into the overall system. Today, the interfacility transports and immediate/911
19 transports performed by the AMR CON Holders are all one big inter-connected
20 immediate/911 system for these Intervenors. For example, units posted to do IFT
21 responses are utilized to back-up the 911 system. Maintaining the improvements
22 that the AMR organization has brought to Maricopa County requires significant
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1 volume, both from the immediate/911 and the non-immediate/911 systems. For
2 example, if this Application is granted, in addition to the reduction in the AMR
3 CON Holders' staffed ambulances that will otherwise be required due to the loss of
4 the IFT transports that the Applicant intends to take, the AMR CON Holders
5 would need to add units for 911/immediate responses, and because there are a
6 finite number of responses the system can sustain, this will mean the AMR CON
7 Holders would have to staff less ambulance units for the IFT system. This erosion
8 of resources will cause the AMR CON Holders to have to spread their resources
9 thinner and thinner, taking the Maricopa County ambulance system in a direction
10 back to where it was some four years ago, when the Rural/Metro organization was
11 failing, ambulance transport services were suffering, and there was no DHS
12 oversight for non-911/immediate transport response/arrival times. The negative
13 impact to the immediate/911 system and to the IFT system will be felt into areas
14 adjacent to Maricopa County, including Pinal County. While the impact to CON 58
15 (Canyon State) and CON 62 (Life Line) will not be as pronounced as the impact to
16 the Maricopa County based CON holders, loss of IFT transports to or from the
17 Wickenburg hospital will negatively impact Life Line's services, and the responses
18 AMR provides in the NE corner of Maricopa County, and then continuing into
19 Canyon State's Prescott based operations will also be negatively impacted, which
20 will impact the public Life Line and Canyon State serve.
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1 The Applicant's proposed operations will also negatively impact the AMR
2 organization's ability to provide support for disaster/mass casualty responses (both
3 as a backup provider and as the front line provider). It will negatively impact the
4 AMR organization's ability to quickly step in and help when other CON holders
5 fail, withdraw or simply find themselves unable to provide services. Communities
6 such as Queen Creek, Gilbert, and at least the northern portion of Pinal County
7 will also feel the negative impact due to the AMR CON Holders having to modify
8 their operations.
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11 This negative impact to the AMR CON Holders and the public cannot be
12 justified by the pretense that granting the Application will somehow benefit the
13 public through "competition." The Application appears to state that the Dignity
14 Health affiliated Applicant will be taking as many of the transports out of Dignity
15 affiliated facilities as it wants to. In fact, this would seem to decrease
16 competition. No public necessity will justify this negative impact.
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19 This witness may also rebut any specifics offered by Applicant (none have
20 been identified yet) to support its proposals that (1) there exists a "need" for
21 Dignity to have an integrated ambulance service and, (2) that "substandard
22 service" supports its application.
23

24 Witness may also testify that the AMR CON Holders are ready, willing and
25 able to be the "integrated" provider Applicant contends is required/desired – that
26

1 the only impediment appears to be Dignity Health's unwillingness to work with
2 them unless they withdraw their interventions in this proceeding, which
3 withdrawal would deprive the Director of essential information about the expected
4 negative impact on both the AMR CON Holders' operations/finances and on the
5 public they serve in the event that RBR's Application is granted.
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7 **B. Todd Jaramillo**, AMR-Regional Director, AZ South Division, will
8 testify regarding his background and experience. May also testify regarding
9 current operations in Maricopa County and the adjacent counties where there is
10 some overlap in services/resources utilization, and to the absence of "public
11 necessity" for the Applicant's proposed services. May testify that the AMR CON
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14 Applicant. Entry of the Applicant will require these Intervenors to shift and
15 reduce currently deployed resources, which will inevitably result in both slower
16 911/immediate and non-immediate (IFT, convalescent, etc.) response times. The
17 Intervenors have already seen similar impacts from the entry of other CON
18 holders into the overall Maricopa County system. The Applicant's intent to solely
19 or primarily service Dignity affiliated entities, and to not do any immediate/911
20 transports, will aggravate the expected negative impact to Intervenors and the
21 public they serve. The Applicant's apparent operations plan will "cherry pick" the
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21 that the AMR organization has brought to Maricopa County requires significant
22 volume, both from the immediate/911 and the non-immediate/911 systems. For
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8 thinner and thinner, taking the Maricopa County ambulance system in a direction
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19 will impact the public Life Line and Canyon State serve.
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20 been identified yet) to support its proposals that (1) there exists a "need" for
21 Dignity to have an integrated ambulance service and, (2) that "substandard
22 service" supports its application.
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24 Witness may also testify that the AMR CON Holders are ready, willing and
25 able to be the "integrated" provider Applicant contends is required/desired – that
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1 the only impediment appears to be Dignity Health's unwillingness to work with
2 them unless they withdraw their interventions in this proceeding, which
3 withdrawal would deprive the Director of essential information about the
4 expected negative impact on both the AMR CON Holders' operations/finances and
5 on the public they serve in the event that RBR's Application is granted.
6

7 C. **Doug Jones**, AMR VP Analytics and Operations Research, will testify
8 regarding his background and experience. May also testify regarding system status
9 deployment in general (and how AMR works to measure and optimize the same),
10 Intervenors' deployment/move up plan in Maricopa County as it is currently done
11 (and historic basis for the same), that AMR expects a negative operational impact
12 to that deployment/move up plan if the subject CON is granted, and the fact that
13 what the Applicant apparently intends to accomplish through its operations will
14 require it to rely upon existing providers to back it up, which will further cause a
15 negative impact to the AMR CON Holders' deployment/move up plans. He may be
16 offered to rebut any specifics offered by Applicant regarding its calculations as to
17 the intended ambulance service coverage and the impact to the existing system of
18 the same.
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22 D. **Glenn Kasprzyk**, AMR Regional COO-Arizona and New Mexico, will
23 testify regarding his background and experience, American Medical Response,
24 Inc.'s statewide presence and operations, the improvements it has initiated in
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1 Maricopa County and adjacent communities, and its commitment to supporting
2 services in Arizona's rural communities. May testify regarding American Medical
3 Response, Inc.'s acquisition of the Rural/Metro parent organization, and the job
4 AMR then had to undertake in order to make the Rural/Metro held CON entities
5 healthy, and to improve the services they have provided. May testify that there is
6 a national trend to a decrease in ambulance transports, that in Maricopa County
7 this trend is greater than any expected population growth, based upon the
8 changing nature of healthcare. May testify to the support the AMR organization
9 has provided to Arizona's ambulance transport system when other CON holders
10 have failed or exited (or simply stopped providing services), and the impact to
11 AMR when it does this (with the most recent example being support in Gila Bend).
12 May testify to the expected negative impact to not just Maricopa County, but other
13 adjacent areas, and to Life Line's (CON 62's) operations, in the event that the
14 applied for CON is granted. May testify that a strong AMR presence is of benefit
15 to the community at large, including in connection with backup for mass casualty
16 or disaster events, and how constantly eroding the body of transports that the
17 AMR organization depends on in Arizona, to provide this kind of support and
18 improvement, will at the same time erode AMR's ability to be that strong source of
19 support and ability to continue the improvements it has brought to Maricopa
20 County's system. May testify that if the Application is granted, AMR expects a
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1 negative impact to its operations and to its finances, which will in turn negatively
2 impact the public it serves.

3 Witness may also testify that the AMR CON Holders are ready, willing and
4 able to be the “integrated” provider Applicant contends is required/desired – that
5 the only impediment appears to be Dignity Health’s unwillingness to work with
6 them unless they withdraw their interventions in this proceeding, which
7 withdrawal would deprive the Director of essential information about the expected
8 negative impact on both the AMR CON Holders’ operations/finances and the public
9 they serve in the event that RBR’s Application is granted. May discuss the
10 circumstances surrounding AMR’s termination of its contract with Dignity Health
11 for ambulance transport services in the event Applicant offers evidence of the
12 same.
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16 E. **Rich Bartus**, AMR Executive VP, Revenue Cycle, is expected to testify
17 to his background and experience, and to the fact that if the Applicant’s request for
18 a CON is granted, if the Applicant captures the call volume its ARCR is based
19 upon, and/or if the Applicant continues to grow in order to service all Dignity
20 affiliated facilities (or beyond), the AMR CON Holders will suffer an increasing
21 adverse financial impact that will not be able to be compensated for simply by
22 reducing deployed ambulance units and ambulance staff (or through other cost
23 cutting measures). Ultimately, it is response times and the operational/resource
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1 strength of AMR's Maricopa system that will suffer. He may discuss the financial
2 health of the current system, and the risk to the Maricopa based system as a whole
3 if too many providers operate in a defined (set) market, especially if newly added
4 providers selectively take those transport calls they want, leaving existing
5 providers to pick up what is left.
6

7 **F. Krister Sorensen**, AMR Regional Operating and Finance Officer –
8 South Region, is expected to testify as to his background and experience, and to
9 the fact that if the Applicant's request for a CON is granted, if the Applicant
10 captures the call volume its ARCR is based upon, and if the Applicant continues to
11 grow in order to service all Dignity affiliated facilities (or beyond), the AMR CON
12 Holders will suffer an increasing adverse financial impact that will not be able to
13 be compensated for simply by reducing deployed ambulance units and ambulance
14 staff (or through other cost cutting measures). Ultimately, it is response times and
15 the operational/resource strength of AMR's Maricopa system that will suffer. He
16 may discuss the financial health of the current system, and the risk to the
17 Maricopa system as a whole if too many providers operate in a defined (set)
18 market, especially if newly added providers selectively take those transport calls
19 they want, leaving existing providers to pick up what is left.
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24 **G. Edward Racht, M.D.**, AMR Chief Medical Officer. Will testify
25 regarding his background and experience as well as Intervenors' parent companies
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1 (AMR Medical Response, Inc.'s) commitment to clinical excellence and the positive
2 impact that has on each of its individual operations, including the
3 AMR CON Holders. Testimony may include those matters referenced in the
4 documents disclosed at Exhibit No. 3 (series). May discuss any evidence submitted
5 at hearing by Applicant regarding any clinical matters Applicant contends support
6 its Application.
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8 H. **Jim Roeder**, AMR Regulatory Analyst-Arizona, may testify regarding
9 his background and experience, any regulatory matters put at issue by Applicant
10 or ADHS/BEMSTS, to data compilation and presentation (associated with these
11 Intervenors' exhibits) and the negative financial and/or operational impact shown
12 by the exhibits.
13

14 I. **Ed Armijo**, AMR Director of Compliance-Arizona, may testify
15 regarding his background and experience, any regulatory matters put at issue by
16 Applicant or ADHS/BEMSTS, to data compilation and presentation (associated
17 with these Intervenors' exhibits) and the negative financial and/or operational
18 impact shown by the exhibits.
19

20 J. **Scott White**, AMR Regional Director-Nevada. May testify to his
21 background and experience, and the benefit to a community such as greater
22 Phoenix/Maricopa County of having a strong, local ambulance provider that is part
23 of the AMR organization in the event of a mass casualty/disaster type of event, as
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1 well as the fact that erosion of the resources available through the local AMR
2 system will correspondingly erode the ability to provide a high quality response
3 when faced with a mass casualty/disaster type event. Will offer the example of
4 AMR's October 1, 2017 response to the mass casualty/shooter event in Las Vegas.
5 AMR is the safety net for a community like Las Vegas or greater Phoenix
6 (Maricopa County). The erosion of that provider's operations and financial base
7 hurts the provider's readiness. Having a strong local AMR presence is superior to
8 having a hodgepodge of smaller providers that can give each other mutual aid.
9
10 With a strong local presence, there is an organization that can essentially push a
11 button and get the bulk of the resources required - seamlessly. This is exactly
12 how the Las Vega situation was handled. AMR immediately mobilized 106 local
13 vetted and unified ambulance units to the scene, and performed 72 transports
14 from the venue (the lion's share of the EMS transport work). AMR was also able
15 to call in ambulances from California and Arizona to backup both that mass
16 casualty response and the normal Las Vegas area's ambulance transport needs.
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20 K. Any witness identified by Applicant, any other Intervenor, or
21 ADHS/BEMSTS.

22 L. Any witness necessary for foundation for any exhibit.
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EXHIBITS:

1. AMR-Rural/Metro CVs/Resumes/Bios:
 - a. John Valentine
 - b. Todd Jaramillo
 - c. Doug Jones
 - d. Glenn Kasprzyk
 - e. Krister Sorensen
 - f. Edward Racht, M.D.
 - g. Jim Roeder
 - h. Ed Armijo
 - i. Scott White
 - j. Rich Bartus
2. EMCT, Scope of Practice (Regulations)
3. Documents related to testimony of Edward Racht, M.D.
 - a. Collaborative research with UofA: “Prevalance of Hyperventilation”
 - b. Collaborative research with UofA: “The Association Between EMS Response Interval . . .”
 - c. Collaborative research with UofA: “Characteristics of Medication – Assisted Intubations. . .”
 - d. Collaborative research with UofA: “The Relationship Between Rapid Acute Physiology Score . . .and ALS Interventions” (February 24-26, 2011)
 - e. Collaborative research with UofA: “Poster on Ambulance Crew Configuration . . . (Cardiac Arrest)”
 - f. Collaborative research with UofA: “Clinical and Demographic Attributes . . . (Prehospital Intra Intraosseous Infusion . . .)”
 - g. Collaborative research with UofA: Poster on “Relationship Between . . . (RAPS) and Prehospital Patient Acuity,” NAEMSP 2010
 - h. Collaborative research with UofA: Poster on “Relationships Between Ambulance Crew Configuration . . . (RAPS) . . .,” 2011
 - i. Collaborative research with UofA: Poster on “The Relationship Between EMS Response Interval . . . (RAPS),” 2011
 - j. 2013 Poster, Mobile Integrated Healthcare Practice

- k. December 2012 Consensus manuscript, published 2013 “Mobile Integrated Healthcare Practice: A Healthcare Delivery Strategy...”
- l. JEMS article, “As the community Paramedicine Concept Evolves, EMS Will Play an Integral Part” (2013)
- m. Research paper (2014), “Glasgow Coma Scale Scoring is Often Inaccurate”
- n. Report “An Evidence-Based Prehospital Guideline for External Hemorrhage Control. . . “ (2014)
- o. Heart Rescue Project (HRP), Community Response Planning Guide for Sudden Cardiac Arrest (2011)
- p. Guide – Principles for Establishing a Mobile Integrated Healthcare Practice (MIHP)(2014)
- q. Early Detection & Treatment of Patient With Severe Sepsis By Prehospital Personnel 2013
- r. PIM & PIT description
- s. EMS CAHPS Pilot Survey Exec Summary May 2014
- t. What Really Matters – Bourn article
- u. Chest Pain – Pain Decrease Chart
- v. Silver Stevie award 06-17-14
- w. 2016 Prehospital Emergency Care Article (Nishikima, et al) Medics and Anticoagulant/Antiplatelet Use
- x. CDC – SOP for Patient Handoffs (Ground Ambulance)
- y. CDC – SOP for Patient Handoffs (Air to Ground Ambulance)
- z. Abstract Project Summary (SIREN Network)
- aa. RFA-NS-16-016 (Dept of Health and Human Services)(SIREN)
- bb. 2013 SCA Facts AMR (2012 Data)
- cc. 2014 SCA Facts AMR (2013 Data)
- dd. 2015 SCA Facts AMR (2014 Data)
- ee. 2016 SCA Facts AMR (2015 Data)
- ff. 2017 SCA Facts AMR (2016 Data)
- gg. 2018 SCA Facts AMR (2017 Data)
- hh. 2014 CPR World Challenge Results
- ii. 2015 & 2016 CPR World Challenge Summary
- jj. 2017 CPR World Challenge Summary
- kk. 2017 CPR World Challenge – AMR AZ Training
- ll. 2017 CPR World Challenge – AMR AZ Training Consolidated

1 4. Current CONs

- 2 a. CON 58 (R/M AZ Holdings, Inc. dba Canyon State dba . . .).
3 b. CON 62 (Life Line Ambulance Service, Inc.)
4 c. CON 71 (Professional Medical Transport, Inc. dba PMT dba . . .)
5 d. CON 109 (Rural/Metro Corp.-Maricopa dba . . .)
6 e. CON 136 (American Medical Response of Maricopa, LLC dba . . .)

7 5. CON Maps

- 8 a. CON 58
9 b. CON 62
10 c. CON 71
11 d. CON 109
12 e. CON 136

13 6. AMR-Rural/Metro CON Consolidations

- 14 a. 2018A-EMS-0034-DHS (PMT/ComTrans/American Ambulance)
15 Recommended Decision of ALJ and Director's Decision
16 b. 2018A-EMS-0033-DHS (AMR Maricopa/SW General/SW Casa
17 Grande) Recommended Decision of ALJ and Director's Decision
18 c. Table of Changes in Response Times Due to Consolidation

19 7. Prior CONs

- 20 a. CON 46 (ComTrans Ambulance Service, Inc. dba . . .)
21 b. CON 66 (Southwest Ambulance and Rescue of Arizona dba . . .);
22 c. CON 71 (Professional Medical Transport, Inc.)
23 d. CON 75 (American Ambulance dba . . .)
24 e. CON 86 (Southwest Ambulance Maricopa)
25 f. CON 136 (American Medical Response of Maricopa, LLC)

26 8. List of CONs added to Maricopa County system beginning March 2015.

27 9. DHS Decision – Granting Temporary Authority to Operate in Urgent
28 Circumstances [AMR of Maricopa, LLC/Town of Gila Bend dba Gild Bend
29 Rescue/Ambulance (CON 78)]

1 10. Map of Dignity locations in Maricopa County

- 2 a. All County map
- 3 b. Zoomed map

4 11. AMR White Paper: Challenges of Operating a Hospital Based
5 Ambulance Service.

6 12. Applicant's complete file with ADHS for this matter

7 13. All exhibits listed by the Applicant, any other Intervenor, and ADHS,
8 to the extent those prove relevant and admissible.
9

10
11 DATED this 30th day of April, 2018.

12 **SHORALL MCGOLDRICK BRINKMANN**

12 **FLETCHER STRUSE FICKBOHM &
13 WAGNER, PLC**

14 */S/PAUL MCGOLDRICK*

14 */S/RONNA FICKBOHM*

15 Paul McGoldrick
16 Attorneys for Intervenors
17 AMR CON Holders

15 Ronna L. Fickbohm
16 Attorneys for Intervenors
17 AMR CON Holders

18 Pursuant to Case Management
19 Order No. 1, electronic filing and
20 service of the foregoing through
21 <https://portal.azoah.com/oedf/>,
22 has been done this 30th day of April, 2018.

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By: /S/ Linda Clark