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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  
20 (EMS No. 0283)

21 **FIRST SUPPLEMENTAL WITNESS**  
22 **LIST OF AMR-RURAL/METRO CON**  
23 **HOLDER INTERVENORS**

24 (Assigned: The Hon. Tammy  
25 Eigenheer)

26 American Medical Response of Maricopa, LLC dba . . . (CON 136); R/M Arizona  
27 Holding, Inc. dba Canyon State Ambulance dba . . . (CON 58); Life Line Ambulance  
28 Service, Inc. (CON 62); Rural/Metro Corp.-Maricopa dba . . . (CON 109); and  
29 Professional Medical Transport, Inc. dba PMT Ambulance dba . . . (CON 71)(hereafter  
30 referred to collectively as “AMR CON Holders” or “AMR entities”), hereby supplement  
31 their initial list of possible witnesses for the hearing in this matter. By listing witnesses

1 and describing supplemental possible testimony, these Intervenor do not mean to  
2 represent that they will in fact call each witness or elicit all such testimony. Further,  
3 Applicant's final exhibit and witness listings and/or subpoena responses may give rise  
4 to additional areas of testimony.

5 In addition to the previously disclosed testimonies:

6  
7 1. Any of the Intervenor's witnesses may testify regarding the AMR CON  
8 Holders' exhibits, any matter raised by RBR/Community Ambulance in its witness  
9 disclosures, and/or RBR/Community Ambulance's final exhibits.

10 2. Todd Jaramillo and/or John Valentine's testimonies regarding operational  
11 matters may also include the following: they may testify to day-to-day, and global,  
12 communications and interactions with individuals from the Dignity Health system or  
13 Dignity Health affiliated entities in Maricopa County. Will testify to the fact of AMR  
14 affiliated entities having good working relationships with Dignity affiliated entities in  
15 Maricopa County. May testify regarding Applicant's intended Dignity affiliated  
16 witnesses, including interactions and communications with the same, and address any  
17 testimony these witnesses offer. May address bottlenecking/offload/throughput issues  
18 if raised by the Applicant. Their information/experience is that these issues are more  
19 facility related than caused by any ambulance transport provider issues. EMS fire  
20 partners (ambulance transport) have been incredibly frustrated as a result of these  
21 issues.

22 May speak to equipment utilized in Maricopa County and major capital  
23 expenditures made in Maricopa County subsequent to AMR Maricopa receiving a  
24 CON. See, exhibits. May testify to recognition that greater availability of alternative  
25 forms of transportation is starting to reduce the number of per capita ambulance  
26

1 transports, and discussion regarding same in ambulance industry nationwide. May  
2 address the calls relating to Arizona General Hospital's letter of support for Applicant  
3 (as summarized in the supplemented exhibits). May explain the Employee Scorecard  
4 (exhibit) and how it is utilized. May discuss fact that AMR affiliated entities in Maricopa  
5 County have been able to provide assistance for disasters/mass casualties/extreme  
6 events without compromising local services. Most recently, this includes Hurricane  
7 Florence. May address misinformation that Gilbert letter of support is based upon.  
8 May address City of Tempe's spreadsheet related to its letter of support. See exhibits.

9 May address notion of RBR being "integrated" only relates to Dignity affiliated  
10 entities, given its equipment, and expectations regarding staffing/lack of staffing, as the  
11 same may impact the local EMS system should RBR commence operations based  
12 upon what is stated in its ARCR. RBR will not be able to cover all Dignity transports  
13 with the resources itemized in their ARCR.

14 May discuss good working relationships between AMR affiliates and VA Hospital  
15 and Phoenix Fire Department.

16 May testify that if no IFT transports are quickly available in response to  
17 hospital/urgent care calls for transports, physicians may decide to "lean on" the 911  
18 system. Doctors want their patients moved, they do not always care if the call really  
19 requires a 911 response. Sometimes what is seen is that they will "push the easy  
20 button" and simply call 911.

21 The AMR CON Holders require a certain volume in order to maintain a high  
22 quality response/arrival times. With the recent addition of numerous CONs to the  
23 system, the AMR CON Holders have worked hard to keep up that quality, but  
24 eventually will reach a breaking point.

1 The AMR CON Holders are the only entities covering the unincorporated fringe  
2 areas of the Maricopa County, which they are required to cover under their CONs.

3 ERROR CORRECTION: Valentine in initial disclosure at p. 4, l. 24 and  
4 Jaramillo at p. 8, l. 22, "Prescott" should be "Payson" (as undersigned counsel  
5 previously informed counsel for Applicant).

6 (Valentine) backup in Pinal County has been done through handshake  
7 agreements, which he has been trying to formalize. However, especially on  
8 reservations, there are lots of hoops to jump through. Further, this is mostly a one-way  
9 street, with the AMR CON Holders providing backup, not vice versa.

10 Jaramillo has helped Dignity figure out how to bill for certain matters (see  
11 disclosed exhibits). This involved Dignity receiving complaints from patients who  
12 received billings and Dignity requesting AMR to help understand when the hospital  
13 pays versus when the patient pays. Jaramillo worked with Dignity, in person, to help  
14 address this. Current working relationship with Dignity seems excellent.

15 May offer examples of operational difficulties experienced and adjustments  
16 made, due to entry of other CON holders into the system. For example, Surprise  
17 received a CON, and contracted with Maricopa Ambulance to do 911 backup.  
18 However, the AMR CON Holders are still called to backup Surprise. It is very difficult  
19 to deploy for this kind of "backup" as the volume is low and it is intermittent. This  
20 backup thus usually ends up with prolonged response times, which the AMR CON  
21 Holders then bear the burden of with regard to CON response time compliance. The  
22 AMR CON Holders are also seeing fire/municipal providers with new CONs refusing to  
23 go outside of their jurisdictional areas, even if they are the closest provider and even if  
24 the AMR CON Holders will have to travel through their CON service area in order to  
25 reach the call, thereby resulting in prolonged response times.

1 Will testify to expected operational impact/projections, including how the same  
2 were formulated. See exhibits. With regard to operational analysis, weekdays are  
3 busier (congested traffic) than weekends, and the busiest times of day are 6:00 a.m. to  
4 9:00 a.m., followed by 3:00 p.m. to 5:00 p.m. (which fall within the “congested” time  
5 periods). As such, the “congested” time periods are the largest area of concern when  
6 looking at operational impact (see exhibits).

7 To adjust operations, one would have to take the financial impact analysis, look  
8 at the bottom line (here, it is not acceptable as DHS wants the AMR CON Holders to  
9 be healthy providers). As such, with the entry of RBR/Community, the AMR CON  
10 Holders will have to make operational adjustments in order to keep the company  
11 healthy, which adjustments will inevitably result in lower response/arrival times for  
12 some portions of the population. When an operator loses volume, it loses flexibility,  
13 and over time, as additional volume is lost through other providers entering the system  
14 and creating something of a “patchwork” quilt for transports, there will essentially be a  
15 “slow death” of quality when it comes to response/arrival times throughout Maricopa  
16 County.

17 The expected negative impact to the public will include the urban center of  
18 Maricopa County, it will include the Dignity system itself as the backup that will be  
19 required will have slower arrival times. It will also include other facilities that have IFT  
20 needs.

21 These witnesses do not expect the granting of a CON to RBR/Community to  
22 result in any increase in the number of staffed ambulance units available for IFTs, as  
23 the system is finite. There are a fixed number of transports that can only support a  
24 fixed number of ambulance transport units.

1 Jaramillo will discuss the data/information that is apparently behind the Arizona  
2 General Hospital and Tempe letters of support (see, the AMR CON Holders' exhibits  
3 submitted with its first supplement).

4 Overall, public necessity does not support RBR's Application.

5 3. Ed Racht, M.D., may testify to medical articles disclosed as exhibits and  
6 may testify to and offer examples of AMR working with local academic and/or  
7 community healthcare leaders, including statewide research initiatives and fact that no  
8 one is doing more to collect and share data than AMR, including information about  
9 community health programs.

10 4. Glenn Kasprzyk, may also testify regarding communications with local  
11 healthcare providers in Maricopa County regarding "diversion" issues, "offload delays",  
12 "bottlenecking" concerns; may also testify to the local and greater (national) concerns  
13 and discussions occurring on these topics. May testify regarding recent events where  
14 AMR provided support, including Prescott Valley Fire. May address the supplemental  
15 exhibit relating to mutual aid to Daisy Mountain Fire District. May address the  
16 Department of Health and Human Services' July 13, 2016 memo as it relates to  
17 Maricopa County services. May address the Dignity Health ER customer inquiry dated  
18 June 20, 2018. See exhibits. May discuss the misinformation that Gilbert letter of  
19 support is based upon, including his discussions with the Gilbert Mayor about  
20 ambulance transport issues. May address City of Tempe's letter of support, including  
21 his conversation with Tempe Fire Chief who stated he did not author it and simply  
22 signed it because he thought maybe IFT system would be better if there were more  
23 ambulances being used, but he has no personal knowledge that would occur or to  
24 backup what is in letter, and the spreadsheet related to its letter of support.

1           May testify to recognition that greater availability of alternative forms of  
2 transportation is starting to reduce the number of per capita ambulance transports, and  
3 discussion regarding same in ambulance industry nationwide. May explain the  
4 Employee Scorecard (exhibit) and how it is utilized.

5           In considering Rich Bartus' financial impact calculations and DHS's goals for  
6 rate of return on gross revenue, as well as the general need to maintain financially  
7 healthy providers in Maricopa County, the AMR CON Holders will be required to make  
8 operational adjustments which will negatively impact the public served, including  
9 reduced response/arrival times. Given financial considerations, a transport provider  
10 cannot simply raise rates in order to add additional units to the system. If the AMR  
11 CON Holders cannot adjust their operations in order to remain financial healthy in  
12 Maricopa County while, at the same time, staying within their CON arrival/response  
13 requirements, they will be required to request amendment to those response/arrival  
14 requirements as they have recently done in both Pima and Maricopa Counties (see  
15 exhibits).

16           The AMR organization was one of the first onboard with reporting (in Maricopa  
17 County) critical opioid overdose information to DHS for DHS's data acquisitions (as  
18 soon as the Governor issued the Executive Order about accumulating that data).

19           The AMR organization was involved in EMS response staging for Hurricane  
20 Florence.

21           Thus far, the Maricopa County AMR CON Holders have been able to adjust  
22 operations in order to deal with the addition of new CON to the system, but a  
23 patchwork quilt of providers is developing that will eventually create a situation that is  
24 not in the public's best interest. Efficiencies of the system are being lost. Reduction in  
25 IFT volume will inevitably impact 911 responses in both urban and rural areas. The  
26

1 units will be coming from further and further away with longer response/arrival times.  
2 This will negatively impact patients and healthcare facilities, including Dignity.

3 RBR's CON Application is not supported by public necessity.

4 5. Scott White – may testify regarding recent training being done in Nevada  
5 (tactical medical team in Las Vegas). A watered-downed system (through addition of  
6 more CONs) is the opposite of adding resources. The “skinnier” that providers get, the  
7 tighter they have to make their operations, which allows them less flexibility, with the  
8 decline in flexibility increasing as the system is watered down.

9 6. Jim Roeder and/or Ed Armijo may testify regarding public information  
10 requests (FOIAs) and responses thereto. Further, based upon last done ARCR  
11 reporting, all of the municipalities/fire districts providing ambulance transport services  
12 in Maricopa County are losing money. May testify to data accumulations behind AMR  
13 CON Holders' exhibits, fact that the Concentra calls were not included in the  
14 itemization of Dignity transports (filed as an exhibit), as there are not very many. May  
15 testify that RBR/Community only taking “billable” transports will increase the proportion  
16 of non-billable transports other providers have to take, thereby disproportionately  
17 bearing that expense. Will testify to creation of AMR CON Holder exhibits and what  
18 the exhibits show.

19 7. Rich Bartus and/or Krister Sorensen will testify to the financial impact  
20 analysis (see exhibits), including how the estimated call volume was calculated, that  
21 certain costs are fixed, and cannot be adjusted for loss of transports, which will  
22 increase the overall cost per transport as volume decreases. RBR/Community not  
23 taking calls that will result in non-billable runs will disproportionately impact the existing  
24 providers who will have to pick up a greater percentage. Simply raising rates will not  
25 correct the financial or operational impact. The financial impact analysis is the best  
26



1 available projections for year one and year two with a RBR/Community CON, based  
2 upon knowledge and experience.

3 8. Doug Jones – will also testify regarding the expected operational impact  
4 and calculations for same. See exhibits.

5 DATED this 18<sup>th</sup> day of September, 2018.

6 **SHORALL MCGOLDRICK BRINKMANN**

**FLETCHER STRUSE FICKBOHM &  
7 WAGNER, PLC**

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12  
13 Pursuant to Case Management  
14 Order No. 1, electronic filing and  
15 service of the foregoing through  
16 <https://portal.azoah.com/oedf/>,  
has been done this 18<sup>th</sup> day of September, 2018.

17 By:       /S/ Linda Clark