



Interoffice Memorandum

July 25, 2019

TO: Mayor Jerry L. Demings
-AND-
Board of County Commissioners

THRU: Yolanda G. Martinez, EdPhD., PhD., Director
Health Services Department

FROM: Christian C. Zuver, M.D., Medical Director
Office of the Medical Director/EMS Division
Contact: 407-836-7320

SUBJECT: August 6, 2019 – Public Hearing
Applicant: Affordable Transport Inc.
Certificate of Public Convenience and Necessity to provide interfacility
Advanced Life Support transport services

On April 23, 2019, Affordable Transport Inc. (ATI) submitted an application for a Certificate of Public Convenience and Necessity (COPCN) to provide interfacility Advanced Life Support transport services. ATI is currently operating on a temporary COPCN.

Section 20-92(a)(4), Orange County Code, requires a COPCN application to include a statement of facts showing the "demand or need" for the proposed services. Section 20-93(b), Orange County Code, requires the Board of County Commissioners (the "Board") to find that the proposed services are or will be required by the present or future "public convenience or necessity" before the Board grants the COPCN. In its COPCN application, ATI attached a business services agreement entered into with Haines City HMA, LLC d/b/a Heart of Florida Regional Medical Center on March 11, 2019, as its statement of fact showing a demand or need for the proposed services.

Upon receipt of ATI's application and supporting documentation, the Orange County Emergency Medical Services Office of the Medical Director investigated, among other things, the public need for the proposed service and the geographical area involved. The Orange County Emergency Medical Services Office of the Medical Director requested the County Attorney's Office make a determination as to whether a business services agreement with a private hospital is sufficient to satisfy the requirement that an applicant show a "demand or need" for services and whether the Board can grant such an application.

After considering the COPCN application and the supporting documentation submitted by ATI, the Orange County Emergency Medical Services Office of the Medical Director recommends that the Board issue a Certificate of Public Convenience and Necessity to ATI to provide interfacility Advanced Life Support transport services.

ACTION REQUESTED: Approval and execution of a Certificate of Public Convenience and Necessity for Affordable Transport Inc. to provide interfacility Advanced Life Support transport services. The term of the certificate is September 1, 2019 through September 1, 2021.

CCZ/sb

Attachments

C: Byron W. Brooks, AICP, County Administrator
Danny Banks, Deputy County Administrator



**APPLICATION FOR CERTIFICATE OF CONVENIENCE AND
NECESSITY FOR AMBULANCE AND FIRE/RESCUE SERVICES**

APPLICATION DATE: April 23, 2019

PROPOSED DATE OPERATIONS WILL BEGIN: April 23, 2019 (using temp COPCN)

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Affordable Transport Inc
2. BUSINESS ADDRESS (INCLUDE COUNTY):
3706 DMG Dr, Lakeland Fl 33811 (Polk County)
3. CONTACT INFORMATION: Business Phone 863-698-9764
Mobile Phone 404-229-8845
Email Rjensen@affordabletransport.net
4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER
a. If other, please describe: _____
5. LEVEL OF SERVICE: ALS TRANSPORT ALS TRANSPORT (INTERFACILITY)
 BLS TRANSPORT BLS TRANSPORT (INTERFACILITY) ALS NON-TRANSPORT
 BLS NON-TRANSPORT ALS AIR TRANSPORT

6. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
Richard F Jensen Jr	116 14 th Ave NE, St Petersburg, Fl 33701	President

8. DESCRIBE THE PROPOSED GEOGRAPHIC AREA OR AREAS TO BE COVERED BY YOUR SERVICE:

Orange County Four Corners area to central Orlando Hospitals – principally to provide ALS and BLS services as outlined under the Business Services agreement between Affordable Transport and Heart of Florida Hospitals’ freestanding ER located at 17430 Bali Blvd. Winter Garden, FL 34787

9. STATEMENT OF FACTS SHOWING THE DEMAND OR NEED FOR THE PROPOSED SERVICE:

Business Agreement Attached

10. STATEMENT SHOWING HOW YOU PLAN TO FILL THE NEED FROM QUESTION 9 (NUMBER AND TYPE OF UNITS, STATION LOCATION, ETC):

ATI shall provide a fully staffed ALS ambulance dedicated to the services and patient needs of the HOF. Unless in use, the ambulance shall be located at the HOF Free Standing Emergency Department. If or when this ambulance is in use, ATI shall send a back-up ALS unit, which upon arrival at the HOF Free Standing Emergency Department shall be subject to the same On Time Performance Standards as the dedicated unit.

11. NUMBER OF VEHICLES IN OPERATION: 8 ALS, 1 ALS/Bariatric, 16 BLS

12. EMPLOYEE ROSTER (please attach extra sheets as needed):

NAME

CURRENT CPR CARD (Y/N)

Attached

All employees listed on the attached Roster have current CPR cards

SECTION II: REQUISITES TO OBTAINING LICENSE

1. RATE CHART PROVIDED TO EMS OFFICE:

YES, DATE: 04/23/2019 (see page 15 of the attached ATI/HOF Agreement) NO

2. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):

- Business or work references for 5 years, including one letter of reference Completed and Attached
- Five personal references, including one letter of reference Completed and Attached
- Five credit references, including one letter of reference Completed and Attached

3. BUSINESS AGREEMENT LETTER PROVIDED TO EMS OFFICE (INTERFACILITY ONLY, Attachment V):

YES, DATE: 04/23/19 - ATI/HOF agreement attached NO

4. ATTESTATION THAT PARAMEDICS ARE STATE CERTIFIED PROVIDED TO EMS OFFICE (ALS ONLY, Attachment IV):

YES, DATE: Attached 4/23/19 NO

5. EQUIPMENT LIST PROVIDED TO EMS OFFICE (ALS ONLY, Attachment IV):

YES, DATE: Attached 4/23/19 NO

6. FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: Attached 4/23/19 NO

Example: Current letter from bank verifying business account status (no account numbers please).

7. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: Attached 4/23/19 NO

ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of at least one letter of reference from list below is required.

ATI has been a provider of ALS and BLS transportation Services since 2013 in Polk County and subsequently in Highlands (2015), Osceola (2017) and Hardee (2018) Counties. We have assisted Polk County and Highlands County EMS with 911 back-up services and Emergency/Disaster services as requested.

See attached letter of reference from Raf Vittone, Deputy Chief of Medical Services, Polk County

2. List five personal or business references. Submission of at least one letter of reference from list below is required. See attached reference letter from Brian Govoni

NAME	ADDRESS	PHONE
Stephanie Grosso	12485 28th Street N, St Petersburg, Fl 3371	813-334-8137
Brian Govoni	6039 Cypress Gardens Blvd, Winter Haven, Fl 33884	863-551-1300
Virginia Wetherell	Oak Hill Plantation, Us Hwy 27, Lamont, Fl 32336	850-509-9880
Joey Chambers	520 4 th St. N. #101, St Petersburg, Fl 33701	727-896-2167
Ann Kerben	116 14 th Ave NE, St Petersburg Fl 33701	407-739-2564

3. List five credit references. Submission of at least one letter of reference from list below is required. See attached reference letters from Brian Martinez, Freedom Bk and Jeff Lampasso/Kathleen Cannon, BBT Bk

NAME	ADDRESS	PHONE
Brian Martinez Freedom Bank	1200 4 th St N, St Petersburg, Fl 33701	863-412-2195
Jeff Lampasso/Kathleen Cannon BBT Bank	28050 US Hwy 19 N, Clearwater, Fl 33761	727-647-4136
Jason Meyer Zoll Systems	11802 Ridge Parkway, Ste 400, Broomfield, Co 80021	727-992-0393
Maurice McLeish McLeish Auto Repair	3025 Dranefield Rd, Lakeland 33811	863-640-1196
Paul Douglas ATT	12150 Research Parkway, Orlando, Fl 32826	407-242-0003

4. Please supply a current financial statement.

See Attached from BBT and Freedom Banks

ATTACHMENT II: COMMUNICATION CAPABILITIES

1. LIST THE ADDRESS AND DESCRIPTIONS OF EACH OF THE LOCATIONS YOU WILL OPERATE FROM, AND THE HOURS OF OPERATION AND STAFFING AT EACH PROPOSED LOCATION:

Heart of Florida Hospitals' freestanding ER located at 17430 Bali Blvd.
Winter Garden, FL 34787 – Hours of operation and staffing shall be 24/7.

2. LIST ALL HOSPITALS TO WHICH YOU WILL NORMALLY TRANSPORT PATIENTS:
Arnold Palmer, Winnie Palmer, Orlando Regional, Orlando Health, Nemours, Florida Hospitals (Adventist), Dr Phillips,

3. COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO OTHER

- a. Number of vehicles equipped with two-way radios: All
- b. Frequency(s): Statewide 800 MHz Med 9 Channel
- c. Call numbers: Unit/Vehicle ID
- d. Number of vehicles equipped with mobile phones: All

4. APPROXIMATE DATE FCC RADIO LICENSE WILL BE EFFECTIVE (ATTACH IF CURRENT):

800 MHz Med 9 Channel

5. LIST ALL HOSPITALS, SUPERVISING PHYSICIANS, AND OTHER EMERGENCY AGENCIES (POLICE, FIRE, ETC) THAT YOU WILL HAVE DIRECT RADIO CONTACT WITH:

Orange County 911/Orange County Dispatch Center (407) 703-1757.

HOSPITAL	TELEPHONE	MED CHANNEL/TG ASSIGNMENT
Arnold Palmer Hospital 92 West Miller St Orlando, FL 32806	Main: (407) 649-9111 E.D. (321) 841-5437	MED-12, 107.2 TG: APH
Winnie Palmer Hospital 83 West Miller St Orlando, FL 32806	Main: (321) 843-1800 E.D. (407) 649-6806	TBD TG: WINNIE

Nemours Childrens Hospital 13535 Nemours Pkwy, Orlando, FL 32827	Main: (407) 567-4000 E.D.: (407) 567-4245	MED – 6 156.7 TG: NEMOURS
Orlando Health 52 W. Underwood St Winter Park, Fl 32792	Main: (321) 841-5161 E.D. (321) 841-5210	TBD TG: TBD
Orlando Regional Med Ctr 1414 Kuhl Ave. Orlando, FL 32806	Main: (321) 841-5111 E.D.: (321) 296-1150	MED-72, 173.8 TG: ORMC
DR P Philips Hospital 9400 Turkey Lake Rd, Orlando, Fl 32819	Main: (407) 351-8500 E.D.: (321) 842-8547	MED-32, 186.2 TG: DPH
Florida Hospital (Winter Gdn) 2000 Flower Grove Blvd, Winter Garden, FL 34787	Main: (407) 614-0528 E.D.: (407) 614-0505	MED-42, 156.7 TG: FL-WGRD
Florida Hospital (East Ori) 7727 Lake Underhill Rd, Orlando, FL 32822	Main: (407) 303-8110 E.D.: (407) 303-8667	MED-42, 141.3 TG: FL-EST

**ATTACHMENT III (ALS ONLY): ADVANCED LIFE SUPPORT
CERTIFICATION AND LICENSURE REQUIREMENTS**

1. IF LICENSED AMBULANCE SERVICE IN THE STATE OF FLORIDA, PROVIDE CURRENT ALS NUMBER: 1001

2. PROVIDE THE NAME, ADDRESS, PHONE NUMBER AND FLORIDA MEDICAL LICENSE NUMBER OF YOUR MEDICAL DIRECTOR:

Alexander MBakwen MD, Fl Med License # ME92808, 863-687-9333, 1629 Lakeland Hills Blvd, Lakeland Fl 33805

3. DESCRIBE THE STAFFING PATTERNS TO ASSURE COMPLIANCE WITH EMTS, DRIVERS, AND PARAMEDICS:

12 and 24 hour shifts

4. PROVIDE A STATEMENT SIGNED BY THE ALS PROVIDER AND IT'S MEDICAL DIRECTOR ATTESTING TO THE FACT THAT ALL UTILIZED PARAMEDICS ARE CERTIFIED AND AUTHORIZED TO PERFORM ADVANCED LIFE SUPPORT IN THE STATE OF FLORIDA

Attached

5. PROVIDE A LIST OF ALL EQUIPMENT AND DRUGS CARRIED IN ADDITION TO THE MINIMUM EQUIPMENT SPECIFIED IN FLORIDA ADMINISTRATIVE CODE 64J-1.003

Full List Attached

ATTACHMENT IV (INTERFACILITY ONLY): BUSINESS AGREEMENT – Provide a written business agreement between the applicant and participating facilities

Attached

ATTACHMENT V: VEHICLE ROSTER – Provide a roster including make, model, mileage, and all vehicle identification and registration numbers

Attached

ATTACHMENT VI: PROOF OF INSURANCE – Provide a copy of vehicle liability insurance

Attached

ATTACHMENT VII: RATE CHART – A proposed schedule of rates, fares, and charges (if applicable)

Attached

**APPLICATION FOR CERTIFICATE OF CONVENIENCE AND
NECESSITY FOR AMBULANCE AND FIRE RESCUE:**

I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation of ambulance or fire rescue service in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 2, Section 20-91, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.

Richard J. Lawrence

SIGNATURE OF APPLICANT OR REPRESENTATIVE

4/23/19

DATE

NOTARY SEAL



Rachel N Collins

NOTARY SIGNATURE

**ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS
EMS OFFICE OF THE MEDICAL DIRECTOR
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

WHEREAS, the AFFORDABLE TRANSPORT INC has requested authorization to provide
Advanced Life Support services to the citizens of Orange County and

WHEREAS, there has been a demonstrated need to provide these essential services to the citizens of Orange County; and,

WHEREAS, the above named service affirms that it will maintain compliance with requirements of the State and County Laws, Ordinances and Rules and Regulations.

THEREFORE, the Board of County Commissioners of Orange County hereby issues a Certificate of Public Convenience and Necessity to this ALS Transport service.
(BLS/ALS transport or ALS non-transport)

Date Issued: September 1, 2019

Date of Expiration: September 1, 2021

Limitations: Interfacility Transport Only

(Mayor, Board of County Commissioners)



Mills Paskert Divers

ATTORNEYS AT LAW

TAMPA + ATLANTA

May 16, 2019

100 North Tampa Street
Suite 3700
Tampa, Florida 33602

Telephone: 813-229-3500
Facsimile: 813-229-3502
www.mpdlegal.com

Via FedEx and Electronic Mail

Dr. Christian C. Zurver
Christian.Zurver@ocfl.net
Emergency Medical Services Office
2002-A East Michigan Street
Orlando, Florida 32806

Re: Objection to Application of Affordable Transport, Inc. for COPCN
MPD File No. 119153

Dear Dr. Zurver,

Our firm represents Lifefleet Southeast, Inc., d/b/a American Medical Response ("AMR") as an existing holder of a Certificate of Public Convenience and Necessity ("COPCN") to operate Advanced Life Support ("ALS") and Basic Life Support ("BLS") services in Orange County. Pursuant to Section 20-92(b)(2) of the Orange County Code of Ordinances, AMR hereby files this objection (the "Objection") to the Application of Affordable Transport, Inc. (the "Applicant") for a COPCN to operate ALS/BLS service within Orange County. This Objection is timely under Section 20-92(b)(2) because it has been served within 30 days of the County's notice to AMR of the Application.

Applicable Standards and Grounds for Objection

In reviewing an application for a COPCN, Section 20-92(b)(1) of the Code requires the Emergency Medical Services Office (the "EMSO") to "investigate the public need for the proposed service". Further, in reviewing the EMSO's recommendation on the application, Section 20-93(b) of the Code requires "the board of county commissioners shall determine that the proposed service, to the extent to be authorized by the certificate, is or will be required by the present or future public convenience or necessity . . ." In fact, Section 20-92(a)(4) requires a "statement of facts showing the demand or need for the proposed service" in the application. In other words, the Orange County Code requires that the Applicant demonstrate that there is a need for additional service in the County and that the existing service is not adequate to meet the public need in the service category.

Dr. Christian C. Zuver

May 16, 2019

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Florida law also requires that applicants seeking a certificate of public convenience and necessity for transportation services carry the burden of proving that existing service is inadequate. *See: Surf Coast Tours, Inc. v. Florida Public Service Commission*, 385 So. 2d 1353, 1355 (Fla. 1980) (recognizing that an evaluation of “the adequacy of existing services” must be measured by evaluating existing service providers’ performance and applicant has the burden of proving substandard performance); *Stewart Bonded Warehouse, Inc. v. Bevis*, 294 So. 2d 315 (Fla. 1974) (holding that an applicant shall not receive a certificate of public convenience and necessity if it fails demonstrate that existing service is inadequate). *See also: Great Southern Trucking Co. v. Mack*, 54 So. 2d 153, 156 (Fla. 1951) in which the Court acknowledged that:

Statutes in this connection (public transportation) generally contemplate and frequently expressly require that additional new service from a different source shall not be permitted to supersede or vitally impair the present transportation service, where that is or may become adequate to the public needs. Existing investment should be conserved, and present service protected, where adequate and satisfactory, in the interest of justice and public welfare.

In Orange County there is simply no public need for additional ALS/BLS service and the Applicant has not demonstrated a factual basis for such need as required by Florida law and the Orange County Code. Rather, the Application demonstrates that the COPCN is required to finalize a private business transaction between the Heart of Florida Hospital (“HOF”) and the Applicant.

Specifically, the Applicant states that it will service only one location within Orange County: HOF’s emergency room located at 17430 Bali Blvd, Winter Garden, Florida. The Application provides no “statement of facts showing the demand or need for the proposed service” as required by the Code and Section 9 of the Application. Instead, the Applicant references an attached Business Services Agreement (the “Agreement”) with HOF as its statement of facts demonstrating “need.”

However, the Agreement does not show there is any inadequacy (i.e. public need) as to the existing service in the County. To the contrary, Section 4.1 of the Agreement at p. 13 recognizes that HOF may call other providers to transport patients and that HOF is “under no obligation to use only ATP”. Additionally, the Agreement provides that the Applicant’s “dedicated ALS Ambulance shall be visually co-branded with HOF through use of an approved wrap on the Ambulance.” In other words, the Applicant would be an in-house carrier for HOF and would essentially function as a mobile advertisement for that company. Plainly, the Application demonstrates that the COPCN is required for a private business purpose rather than to fulfill a public need for ALS/BLS service that could not otherwise be provided by existing certificate holders and the Application must fail as a result.

Dr. Christian C. Zuver

May 16, 2019

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Moreover, Section 10 of the Application states that Applicant proposes to service the HOF emergency room with only one ambulance. Simply put, servicing a single facility with a single ambulance does not demonstrate a public necessity for issuance of a COPCN in Orange County. Currently, there are two ALS COPCN holders (including AMR) along with Orange County Fire Rescue and the Applicant has not shown that the existing providers are not adequately serving the market. In fact, AMR has serviced the Heart of Florida Facility and has more than enough capacity to provide the service the Applicant proposes to that facility. AMR would be able to further demonstrate in any future public hearing that it (along with the other existing provider) has excess capacity to serve the ALS/BLS market in Orange County, especially a single facility requiring a single ambulance. In short, AMR has a record of exemplary service in Orange County, and in other counties throughout Florida, and there is no proven need for an additional service provider.

In addition to the inadequate demonstration of need for additional service, the Application is defective because it does not identify a business location within Orange County. Therefore, the Applicant cannot possibly comply with the requirement of Code Section 20-95 (c)(3) that a COPCN holder "[k]eep posted at the principal business locations in the county a copy of the certificate, and of any rate or fee schedule." (emphasis added) Thus, unlike AMR which has an operations base in Orange County, the Applicant doesn't intend to have any presence in Orange County to service the general public. Rather, it seeks the COPCN to serve one business with a single ambulance that is covered in that business's trade dress. Such an arrangement does not meet the standards of the Orange County Code or Florida law for public need and issuance of a COPCN.

For all of the foregoing reasons, American Medical Response, as an existing provider of ALS/BLS service in Orange County, respectfully requests that the Application of Affordable Transport, Inc. be denied.

Should you have any questions, please do not hesitate to contact me at (813) 229-3500.

Best regards,

MILLS PASKERT DIVERS



Jordan Miller

SJM/jd

cc: Crystal Beatty (via email)

Mills Paskert Divers

100 North Tampa Street + Suite 3700 + Tampa, Florida 33602

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CHARLIE.GRAY@GRAY-ROBINSON.COM

May 21, 2019

Dr. Christian Zuver
Emergency Medical Services Office
2002-A East Michigan Street
Orlando, Florida 32806

Re: Falck Southeast II Corp, d/b/a American Ambulance's Opposition to Affordable Transport, Inc.'s Application for Certificate of Convenience and Necessity for Ambulance and Fire/Rescue Services

Dear Dr. Zuver:

Please be advised that we represent Falck Southeast II Corp, d/b/a American Ambulance ("American Ambulance"), one of two current providers of emergency medical transportation under Orange County's Certificate of Public Convenience and Necessity (COPCN) program pursuant to County Code Chapter 20, Article III. American Ambulance is aware of an application made to Orange County Emergency Medical Services Office for an ALS Inter-facility COPCN requested by Affordable Transport, Inc. (ATI). American Ambulance has reviewed said application and opposes the application for the reasons stated herein.

Orange County Code Section 20-92, requires ten (10) items for inclusion in an application for COPCN. Those requirements include standard information such as the name of the applicant and its experience in the proposed service and the rates to be charged. Section 20-92 also requests essential and critical information such as the geographical area to be served and the demand or need for the service. This last requirement is paramount to Orange County's public safety - meeting the needs of the public. Specifically, subsection (4) requires "A statement of facts showing the demand or need for the proposed service." Section 20-92 further provides in subsection (b)(1) that the EMSO "shall investigate the public need for the proposed service." (Emphasis added).

American Ambulance respectfully submits that the application submitted by ATI does not meet the required public need. Section 9 of the application requests a "STATEMENT OF FACTS SHOWING THE DEMAND OR NEED FOR THE PROPOSED SERVICE." (Emphasis in the original). In response to that request, ATI referenced an attached document, which was an agreement between Haines City HMA, LLC dba Heart of Florida and ATI. The agreement does not contain any information that provides any statement of fact demonstrating a need or demand for another provider to be issued a COPCN in Orange County. Further, that is the only information provided to support the public need or demand.

GRAYROBINSON
PROFESSIONAL ASSOCIATION

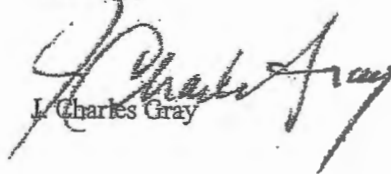
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American Ambulance is unaware of any complaints of the existing providers currently serving Orange County or any demand for additional providers. As well, American Ambulance can attest that Haines City HMA, LLC dba Heart of Florida has not requested its services.

As such, we respectfully request the EMSO reject ATI's application, as there is no need established for an additional provider of emergency transport services as required in section 20-92 of Orange County's code.

Thank you for your consideration and please do not hesitate to contact us should you wish to better understand our concerns with ATI's application.

Sincerely,



L. Charles Gray

JCG/cb

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