



# ARIZONA HOUSE OF REPRESENTATIVES

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First Regular Session

House: TI DPA 6-0-1-0

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**HB 2124: hospitals; interfacility transport**  
**Sponsor: Representative Willoughby, LD 13**  
**Caucus & COW**

## **Overview**

Provides an exemption from the requirement of a certificate of necessity (CON) for certain ambulance services.

## **History**

The Department of Health Services (DHS) regulates the operation of ambulances and ambulance services, including regulating the response times of ambulances to meet the needs of the public and to ensure adequate service. Individuals wishing to operate an ambulance service in this state must apply for a CON. Upon determining that the public necessity requires the service, or any part of the service proposed by the applicant, DHS issues the certificate provided the applicant is found to be fit and proper to provide the service and has paid and filed the appropriate fees and bonds.

Statute grants an exemption from the requirement to obtain a CON for certain vehicles and persons that are statutorily exempted from a certificate of registration as well as ambulance services operating under temporary authority to operate in urgent circumstances (A.R.S. §§ [36-2232](#), [36-2233](#)).

A *certificate of necessity* is a certificate that is issued to an ambulance service by DHS and that describes the service area, level of service, type of service, hours of operation, effective date, expiration date, legal name and address of the ambulance service and any limiting or special provisions DHS prescribes ([A.R.S. § 36-2201](#)).

## **Provisions**

1. Exempts ambulance services that are owned or operated by a direct or indirect owner of a hospital for interfacility transports from requiring a CON. (Sec. 2)
2. Specifies that all rules adopted by the Department of Health Services relating to interfacility transportation apply to a direct or indirect owner of a hospital that operates an ambulance service for interfacility transport. (Sec. 2)
3. Defines *direct owner*, *hospital*, *indirect owner* and *interfacility transport*. (Sec. 1)
4. Includes, to the definition of *fit and proper*, a hospital providing interfacility transport. (Sec. 1)
5. Makes technical changes. (Sec. 1)

☐ Prop 105 (45 votes)

☐ Prop 108 (40 votes)

☐ Emergency (40 votes)

☐ Fiscal Note

## Amendments

### *Committee on Transportation & Infrastructure*

1. Modifies a definition, by clarifying that an *interfacility transport* means a ground ambulance transport of a patient from one health care institution (institution) to another institution.
2. Directs an ambulance service holding a CON for interfacility transport to have the right of first refusal to provide interfacility transportation within its service area if the transfer can be made both:
  - a) Within the time frame specified by the current CON or as negotiated between the institution and the ambulance service; and
  - b) With the medical equipment and trained personnel necessary to transfer the patient safely as determined by the patient's treating medical provider.
3. Requires the transferring institution to document the communication made to the ambulance service that holds the CON for interfacility transport and the interfacility transport details, including:
  - a) The details of the transfer request;
  - b) The required time frame for the transfer as specified by the current CON or as negotiated between the institution and the ambulance service;
  - c) The required medical equipment and trained personnel as specified by the patient's treating medical provider;
  - d) Whether the ambulance service that holds the CON for interfacility transport exercised the right of first refusal; and
  - e) Which ambulance service ultimately transported the patient and the reasons why.
4. Allows the transferring institution to make other interfacility transport arrangements for the patient, if an ambulance service holding a CON for interfacility transport exercises the right of first refusal to provide interfacility transportation within its service area but does not meet the time frame as specified by the current CON or as negotiated between the institution and the ambulance service or does not meet the required medical equipment or trained personnel as specified by the patient's treating medical provider.
5. Mandates that a separate contract must be negotiated between the ambulance service and the institution specifying reasonable performance guidelines for interfacility transport services if a CON does not outline response times for interfacility transport.
6. Directs the current ambulance service holding the CON for interfacility transports to maintain primary responsibility for interfacility transports until the agreement is reached.
7. Permits an ambulance service and an institution to use binding arbitration to finalize a reasonable contract at the expense of the institution.