



## MEMORANDUM

**To:** Maine EMS Board  
**From:** Licensing  
**Subject:** Medway Fire Department Application  
**Date:** March 28, 2025

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The Town of Medway is applying to the Board for a new non-transporting EMS license for the Medway Fire Department. The applicant has met all relevant standards for licensure in the Board's rules, including an endorsement from their transporting ambulance service, the East Millinocket Fire Department.

The Medway Fire Department was previously licensed by the Board beginning in April 2020 as a non-transporting EMS service. They licensed as a ground ambulance service with the Board in August of 2021 and the town terminated service licensure in August 2022. The process of termination was compliant with the Board's rules.

During the public comment period initiated for the current application process, one (1) public comment was received by email from a citizen of Medway opposing granting the license. The citizen cites contentment with the transporting EMS service and a lack of resources within the Region as causes to deny a new service application. The town received a copy of the public comment and provided a written response for the Board to consider, which includes the fact that this application is for a non-transporting license but that the town has had public forum discussions about applying for a ground ambulance service license in the future as an alternative to paying an increased contract rate with their existing transporting ambulance service. Both documents are attached.

The request of the Board is whether to grant, deny, or conditionally grant the non-transporting service license.

**Lincoln News**



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**Notice Content**

PUBLIC NOTICE  
TOWN OF MEDWAY

The Town of Medway is applying to the Maine Board of Emergency Medical Services to license the Medway Fire Department as a non-transporting service at the EMT level, with a primary service area of Medway, Maine. There is no change to the way the public will request emergency services; citizens should continue to call 911 for all emergencies. The public is invited to make comments regarding the proposed application. Comments must be received by the Board of Emergency Medical Services within 30 calender days of the publication of this notice. Comments must be mailed to

Maine EMS,  
152 State House Station,  
Augusta, Maine  
04333-0152

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**Adams, Melissa F (MDPS)**

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**From:** [REDACTED]  
**Sent:** Friday, February 28, 2025 7:16 PM  
**To:** EMS Licensure  
**Subject:** Town of Medway Application for EMS First Responder Application Comment

**EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

As a citizen of Medway, I would like to state my reasons for being against the approval of Medway's EMS application.

1. We are presently under contract with the Town of East Millinocket until July 1, 2025.
2. The quality of care is excellent currently with 24 hour coverage.
3. There is only limited health care dollars in the Katahdin Region.
4. Medway has only limited equipment and personnel.
5. Top quality health care is crucial for our area.

These are a few of the reasons this application should be denied.

Respectfully,  
Citizen of Medway  
Bruce M. Cox



# Medway Fire Department

Protecting Katahdins Gateway Since 1973

March 6th, 2024

## To Whom It May Concern,

As the Public Safety Director for the Town of Medway, I would like to address concerns raised by Mr. Bruce Cox regarding the Medway EMS application.

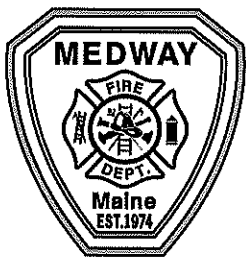
The Medway Fire Department is actively working toward obtaining licensure from the Maine EMS Board at the non-transport EMT level. This will enable us to provide emergency medical services within our community, equipped with all necessary tools, as inspected by Maine EMS on February 24, 2025. As we continue to grow, our team of twenty licensed & non-licensed remains dedicated to ensuring the safety and well-being of all Medway residents. This commitment has been discussed and clarified in several town selectmen meetings, where we addressed many community concerns.

Achieving this licensure will ensure uninterrupted medical care during emergencies—when every second counts—available 24/7. This will enhance our response capabilities and efficiency. Given the staffing limitations in surrounding departments, exemplified by the recent tragic events in Macwahoc, where a woman passed away complicated by the inability of ten departments to assist. Our local, highly trained team will be critical in providing timely care for our residents.

The professionals on our team are not only skilled but also members of this community, deeply committed to the well-being of our neighbors. This milestone reflects our ongoing pursuit of professional excellence, and we are excited to expand our services in line with our mission to protect and care for our community. If approved for the non-transport service license, we assure Mr. Cox and the EMS Board that there will be no disruption in services. On the contrary, it will increase access to medical care during times when availability is limited.

On February 25, 2025, Mr. Cox attended an informational meeting hosted by the Town of Medway. The meeting, lasting 90 minutes, was held in response to a significant increase in the proposed contract amount from the Town of East Millinocket. Mr. Cox voiced strong concerns about any potential changes.

The Town of Medway is currently operating under an existing contract with the Town of East Millinocket, which runs through July 1, 2025. However, concerns have been raised about the terms of a proposed new contract, particularly regarding a significant cost increase, and the limited availability of both local and non-local personnel. The staffing issues were discussed



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during the East Millinocket selectmen's meeting on March 4, 2025, where the service chief highlighted challenges in scheduling due to the need for additional personnel. In response, Medway residents have requested more information and are exploring all alternative options. While no formal decisions have been made at this time, all options are being thoroughly considered with the community's best interests and thorough input in mind.

In closing, we appreciate your careful consideration of our request for the non-transport license. This step is crucial for enhancing the Medway Fire Department's ability to provide uninterrupted, timely emergency medical care to our community. The safety and well-being of Medway residents are our top priority, and this licensure will ensure that we are better equipped to meet those changing needs, especially during critical moments when every second counts. We are grateful for your attention to this matter and look forward to your continued support as we work to strengthen the services we provide.

Respectfully Submitted,

Aaron T. Lee

Public Safety Director  
Town of Medway  
4 School Street,  
Medway, Maine, 04460



## MAINE EMS SERVICE LICENSE APPLICATION

### For what license are you applying?

- 1. New Service License
- 2. Upgrade in License Level
- 3. Downgrade in License Level
- 4. Change in Permit Level
- 5. Change in Primary Service Area
- 6. Change in Service Name
- 7. Change in Base Location
- 8. Paramedic Interfacility Transport (PIFT) Endorsement

### Section I - Service Information

- A. Service Name: Medway Fire Department Service #: \_\_\_\_\_  
Mailing Address: 4 School Street Shipping Address: 23 Grindstone Rd  
City: Medway State: ME Zip: 04460 City: Medway State: ME Zip: 04460
- B. Business Telephone #: 207-746-4618 Fax #: 207-746-5877
- C. Federal Tax ID# (EIN): XXXXXXXXXX E-Mail Address: ci.lee@medwayfd.org
- D. Physical address of bases used by this service
1. Street: 23 Grindstone Road City: Medway State: ME Zip: 04460  
Telephone #: 207-746-4618 Fax #: 207-746-5877  
Base Primary Contact: Aaron T. Lee
2. Street: 4 School Street City: Medway State: ME Zip: 04460  
Telephone #: 207-746-4618 Fax #: 207-746-5877  
Base Primary Contact: \_\_\_\_\_
3. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Base Primary Contact: \_\_\_\_\_
4. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Base Primary Contact: \_\_\_\_\_

## Section II – Service Administration

List the names and telephone numbers of the service administration. (Note: this list will supersede all previous lists).

- A. DIRECTOR: Aaron T. Lee \*Maine EMS License #: 28298  
E- Mail address: a.lee@medwayfd.org \*Date of Birth: [REDACTED]  
Telephone #: Home: — Work: 207-723-1808 Cell: 207-746-9618
- B. ASSISTANT DIRECTOR: Joshua McDreevy \*Maine EMS License #: 32271  
E- Mail address: McDreevy.medfd@gmail.com \*Date of Birth: [REDACTED]  
Telephone #: Home: — Work: 207-746-9618 Cell: —
- C. ADDITIONAL REPRESENTATIVE: \_\_\_\_\_ \*Maine EMS License #: \_\_\_\_\_  
E- Mail address: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_
- D. SERVICE MEDICAL DIRECTOR: \_\_\_\_\_ \*Medical License #: \_\_\_\_\_  
E- Mail address: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_
- E. INFECTION CONTROL OFFICER: Aaron T. Lee \*Maine EMS License #: 28298  
E- Mail address: a.lee@medwayfd.org \*Date of Birth: [REDACTED]  
Telephone #: Home: \_\_\_\_\_ Work: 207-746-9618 Cell: 207-723-1808
- F. PRIMARY QA/QI CONTACT: Aaron T. Lee \*Maine EMS License #: 28298  
E- Mail address: a.lee@medwayfd.org \*Date of Birth: [REDACTED]  
Telephone #: Home: — Work: 207-746-9618 Cell: 207-723-1808

## Section III - Service Type

- A. Organizational Type: a.  Community, Non-Profit b.  Fire Department c.  Governmental, Non-Fire  
d.  Hospital e.  Private, Non Hospital f.  Tribal

Note: If you checked boxes a or e above, you must attach 4 character references in accordance with Chapter 3 §5.1.C.4.

- B. For what type of service license are you applying?

9-1-1 Response (Scene) with Transport Capability  9-1-1 Response (Scene) without Transport Capability  
 Scene Response Air Ambulance  Transfer Air Ambulance Service  Restricted Response Air Ambulance Service (RRAAS)

**Section IV - License Level**

Please indicate the license level at which the service can provide at least one EMS provider, licensed at the level of the service, on all emergency medical calls. This is the license level you may advertise.

(Note: Transporting Ambulance Services may not license at the first responder level).

Emergency Medical Responder     Emergency Medical Technician     Advanced EMT     Paramedic

Note: If applying for licensure at the Advanced EMT or Paramedic level, a copy of the service's agreement with a hospital pharmacy (or other Maine EMS approved pharmacy) must be attached to this application.

**Section V - Service Permit Level**

Please indicate the level of care to which the service requests authorization to provide on a part time basis. This is the permit level of the service, and may not be advertised to the public.

Emergency Medical Technician     Advanced EMT     Paramedic

Note: If applying for permit at the Advanced EMT, or Paramedic level, a copy of the service's agreement with a hospital pharmacy for the dispensation of drugs must be attached to this application.

**Section VI – PIFT Endorsement**

**PIFT Quality Assurance/Quality Improvement Plan-** Please include a written copy of the plan your service will use to review 100% of PIFT transports.

**Service Medical Director-** Please list the name, address, and phone number of the Maine licensed physician who will be serving as the Service Medical Director for all PIFT transports.

Name: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

As the service medical director for \_\_\_\_\_, I agree to provide medical oversight of paramedic interfacility transports under the Maine EMS PIFT Program, including operational support, education, and 100% QA/QI of all PIFT transport reports and QA forms as required by Maine EMS and the MDPB.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section VII - Service Area**

Primary Response Area - List, by city or town, the service's Primary Response Area. A Primary Response Area is defined as the area(s) to which a service is made routinely available when called by the public to respond to medical emergencies.

Medway \_\_\_\_\_  
\_\_\_\_\_

**Section VIII - Quality Assurance/Quality Improvement Committee**

List the position (e.g. Service Director, Paramedic, EMT), the members of your service's Quality Assurance/Quality Improvement Committee, and attach a copy of your services quality improvement program

Director \_\_\_\_\_  
Asst. Director \_\_\_\_\_



**Section IX - Communications**

A. Describe the method for public access to the service; the name of the dispatch center; explanation of the dispatch method and procedures; type and quantity of communications equipment to be utilized; and a list of radio frequencies utilized by the service (use additional sheets as necessary):

Members of the public may access the service by contacting the Penobscot RCC @ 207-945-4636 (Non-emergent) or 9-1-1 (emergent) upon the center receiving a call for service, medway will be notified via plectron paging. The primary base frequency is 153.935, Com II: 153.740, and MRF: 155.310

B. Please list the following agencies and their telephone numbers:

Public Safety Answering Point (9-1-1 Center): Penobscot RCC PSAP Business Tel #: 207-945-4636  
 Dispatch Agency: Penobscot RCC Dispatch Business Tel #: 207-945-4636  
 (Other than 911)

**Section X - Vehicle Information**

A. List, below, the vehicle(s) for which the service requests ambulance vehicle licensure (attach extra sheets as necessary):

Maine EMS #	VIN# (Full 16 Character)	DMV Registration #	State	Chassis Manufacturer	Ambulance Manufacturer	Chassis Year	Vehicle Type

B. List, below, the Emergency Medical Services Vehicle(s) (EMS) for which the service has received Maine EMS authorization. Do not list vehicles in this section that are licensed as ambulances or fire service vehicles.

Maine EMS #	VIN# (Full 16 Character)	DMV Registration #	State	Vehicle Manufacturer	Vehicle Model	Vehicle Year	Vehicle Type

**Section XI - Personnel**

Please attach a current list of Maine EMS licensed personnel for your service. (If the application is for a request to permit only, list only those personnel who are licensed at the proposed permit level.)

**Section XII - Non Transporting Services Endorsement**

A. Transporting Service Endorsement for Non Transporting Services

I certify that the below named ambulance service has a letter of understanding or other written agreement in effect with the applicant which provides for the simultaneous dispatch, and transport of patients, as required in chapter 3 §5.1.C.5 of the Maine EMS Rules.

Name of Transporting Service: East Millinocket Fire Department Service #: 250  
 Signature of Authorized Representative: Kevin McAdam Date: 12/17/24  
 Print Name of Authorized Representative: Kevin McAdam

**Section XIII - Service Representative Endorsement**

I hereby certify: that the foregoing statements are correct and true to the best of my knowledge; that the service is eligible for licensure/authorization in accordance with the Maine EMS Rules and EMS Law (32 M.R.S.A. § § 81 *et seq*); that the service possesses the required equipment as set forth in the Maine EMS Rules; and, that the personnel providing medical care on behalf of the service possess current and valid Maine EMS licenses. The service requesting licensure understands that the Maine EMS systems Quality Assurance /Quality Improvement (QA/QI) process is an integral part of being a licensed Maine EMS service and agrees to participate in the Maine EMS QA/QI system in accordance with criteria approved and published by the Board, and further agrees that QA/QI information pertaining to the service may be shared amongst recognized participants within the Maine EMS QA/QI system. I request that the Maine EMS Board approve any changes indicated regarding the Service's Quality Assurance/Quality Improvement Committee (in accordance with 32 M.R.S.A. § §92-A *et seq*). I understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S.A. § 453 (Class D) and may also result in disciplinary action against the service's license by Maine EMS.

Print Name: Aaron T. Lee Signature: [Signature] Date: 12-10-2014

**FEE SCHEDULE**

**Service Fee** - \$100.00 per Licensed per year

**Transporting Ambulance** - \$60.00 per Ambulance

**EMS Vehicle Fee** - \$60.00 per vehicle\*.

\*Fire Based Services, there is no fee to license non-transporting EMS vehicles.

**Payment Authorization** – Applicants may charge the cost of the service license and/or vehicles to their credit card.

I authorize the Department of Public Safety, Bureau of Maine Emergency Medical Services to charge my:

VISA      MASTERCARD      DISCOVER (circle one)      the following amount: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_mm/yyyy

Name of Card Holder \_\_\_\_\_

Billing Address of Card holder \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Applicants may also pay by purchase order or check. **Make checks payable to: Treasurer of State Maine**

Mail your signed application (photocopied, faxed or scanned signatures cannot be accepted) and fees to:

Maine EMS  
152 State House Station  
Augusta, Maine 04333.

Please call Maine EMS at 207-626-3860 if you have questions.