



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State Procurement Services.

*INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW				
Department Office/Division/Program:	Board of Osteopathic Licensure			
Department Contract Administrator or Grant Coordinator:	Rachel MacArthur			
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ \$9200.00	Advantage CT / RQS #:	20250515000000002720	
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date:	6/30/2025
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Medical Professionals Health Program PO Box 190 Manchester, ME 04351			
Brief Description of Goods/Services/Grant:	Impaired Osteopathic Medical Professionals – Health Program			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

**PART III: SUPPLEMENTAL INFORMATION**

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The Osteopathic Licensing Board has continually contracted with the Medical Professionals Health Program (MPHP). The purpose of the MPHP is to provide resources, referrals, and ongoing monitoring for Maine's medical professionals who are struggling with addiction, substance misuse, or mental health challenges that, if left unaddressed, may result in risk to the public. The MPHP provides medical professionals with confidential services so long as the medical professionals comply with the program's requirements; however, the MPHP reports to the relevant licensing board any participant who is not complying with the program or who otherwise may pose a risk to the public.

There are no other programs of this type in the state of Maine. The MPHP also maintains a website with educational materials and links to helpful resources for medical professionals who may be suffering from addiction, substance misuse, or mental health challenges. The MPHP also intervenes with medical professionals who may become impaired, upon notification, and hence a risk to the public, to interrupt progression of the disease, and reports these individuals to the Board if they do not voluntarily avail themselves of the MPHP services. Prior to inception of this program, medical professionals had to seek help out-of-state on their own or be disciplined by license sanction after their impairment was discovered once misadventure has occurred.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Although there may be resources existing outside of MPHP, they are not specific to medical licensing boards in Maine, there are no programs that have protocols with the licensing boards in the state to report those medical professionals who are not complying with their program or who fail or refuse to use the services despite an obvious addiction, substance misuse, or mental health challenge. Additionally, there is no other program that would allow the licensee to retain their license and practice safely while in recovery and being monitored closely. Prior to this program's inception, medical professionals had to seek help out of state on their own, or be disciplined by license sanction after their impairment was discovered by misadventure.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Osteopathic Board has contracted with this vendor for many years. The vendor provides an Annual Report to the Board, in writing and in discussion regarding the effectiveness of the program, updates to the protocols, and costs. The Board has been satisfied with the vendor's performance.

4. Describe the plan for future competition for the goods or services.

As there are no other programs available of this nature in Maine, the board is unable to describe any potential opportunities to foster competition for these services in the future. Virtually every other state has a program similar to the MPHP in their scope and purpose.

Although there are for- and non-profit entities operating programs for recovery from chemical, mental or physical impairment in Maine, there are none that are designed and empowered to provide the unique program tailored to medical professionals like that presently provided by MPHP

**PART III: SUPPLEMENTAL INFORMATION**

under the terms of the statutes and protocols referred to in this contract. Should another entity be contracted, the simultaneous protection of the public and regulation and monitoring of the medical professional may not conform to statute.

**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.



**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Rachel MacArthur, Executive Secretary	Date:	4/10/2025
Signature of DAFS Procurement Official:			
Typed Name:	Thomas Paquette	Date:	5/27/2025