



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:	Professional and Financial Regulation – Bureau of Insurance		
Department Contract Administrator or Grant Coordinator:	Robert Carey Robert.L.Carey@maine.gov 34 State House Station Augusta, ME 04333-0034		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 16,250	Advantage CT / RQS #:	20250314 2107
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2026
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:	President and Fellows of Harvard College DBA HLS Center for Health Law and Policy 1585 Massachusetts Avenue Cambridge, MA 02138		
Brief Description of Goods/Services/Grant:	A landscape analysis of prescription drug formularies of qualified health plans sold on CoverME.gov.		

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 checked="" 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 purpose of this Contract is to aid the Bureau of Insurance in its analysis of prescription drug formularies used by health insurers that offer coverage to policyholders in Maine’s merged (individual and small group) market. The analysis will review coverage, cost sharing, and pharmacy benefit management programs associated with key drugs used in nationally recommended regimens for people living with HIV, Hepatitis C, and multiple sclerosis. The analysis will also examine plans’ coverage and pharmacy benefit management of contraceptives and pre-exposure prophylaxis (PrEP). This engagement will support the Bureau’s efforts to ensure Maine consumers are provided comprehensive prescription drug coverage to treat these chronic conditions.

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

This is a limited engagement that leverages the clinical and regulatory expertise of the Harvard Center on Health Law and Policy Innovation. The Center has conducted these reviews for other states, and we are able to leverage their specific knowledge of both federal rules and prescription drug formularies for this targeted market exam.

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

Because the Center has conducted these types of analyses for other states, they are able to complete the project efficiently and effectively. The hourly rates are competitive – based on our review of other consulting companies who have health care expertise – but more importantly the projected hours to complete the project are well below what other firms can accomplish. The not to exceed amount is lower than what a comparable project would cost using a vendor without the skill set and experience of the Center.

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

The Bureau does not have future plans for this specific, targeted engagement.

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.

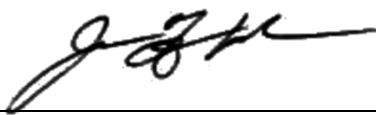

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	Joan F. Cohen	Date:	05/27/2025
Signature of DAFS Procurement Official:	DocuSigned by:  249502C7B71A49A...		
Typed Name:	Thomas Paquette	Date:	5/28/2025