



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 Licensure in Medicine		
Department Contract Administrator or Grant Coordinator:	Valerie Hunt		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 37,452.00	Advantage CT / RQS #:	20250528000000002858
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:	Maine Medical Association PO Box 190 Manchester, ME 04351		
Brief Description of Goods/Services/Grant:	Providing Free Category 1 CME online modules allowing licensees to earn credit while learning about national and state topics with a focus on how it affects practice in Maine.		

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.

Newly added topics for this year’s educational modules include Understanding 42 CFR: Confidentiality Regulations and Updates, Enhancing Hospital Based Care for Patients with Substance Use Disorder/Opioid Use Disorder, and Managing Chronic Conditions: Clinical Considerations and Best Practices.

Recognizing the need for creative and bold solutions, the Maine Medical Association (MMA) and Quality Counts launched “Caring for ME” in 2016, a collaborative effort that brings together a wide set of partners to promote shared messages, educational resources, practical tools for health care providers, and developing a set of activities to provide Maine physicians with practical education, peer support, tools, and resources to effectively manage chronic pain and improve the safety of opioid prescribing. The specific program to be funded is:

Maintenance of Online Educational Modules: MMA/QC developed a set of 21 online educational modules with BOLIM funding to address chronic pain management, new prescribing limits, safe & compassionate tapering approaches, and appropriately diagnosing addiction that help physicians meet CME requirements of Chapter 488. In addition, MMA/QC created additional educational modules regarding Alzheimer’s Disease, Death with Dignity, the “Duty to Warn” law, and physician patient communication. MMA needs ongoing support to be able to offer CME and update modules. This includes renewing the authority to grant CME for three of the modules which are set to expire.

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

No other local, state, or federal government agencies would be able to address the identified need more effectively than the vendor, Maine Medical Association. While general resources are available on the internet, there is no other organization in the State that is able to provide this type of service that is specifically designed around Maine’s issues and the impact of Maine’s laws. As indicated above, MMA is able to grant nationally recognized credit for these programs, which will benefit licensees.

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

PART III: SUPPLEMENTAL INFORMATION

The BOLIM requested that the vendor prepare a menu of potential outreach and education efforts for medical professionals in Maine, together with an estimated cost for those services. The vendor provided an estimate of those costs, which are reproduced below, which the BOLIM concludes is fair and reasonable:

- 3 Online Educational Modules: Total costs: \$24,000
- Maintenance of Online Educational Modules: Total costs \$11,452
- Renewal of CME: \$2,000

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

There is no other program of this nature available in the State, and the BOLIM is unable to describe any potential opportunities to foster competition for these goods or services in the future.

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.

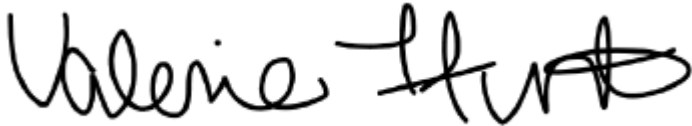

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	Valerie Hunt, Assistant Executive Director	Date:	5/27/2025
Signature of DAFS Procurement Official:			
Typed Name:	Thomas Paquette	Date:	5/29/2025