



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:		Maine State Board of Nursing		
Department Contract Administrator or Grant Coordinator:		Kim Esquibel		
(If applicable) Department Reference #:				
Agency Department Code:	02N	Advantage CT / RQS #:	02N 20250512*2539	
Amount: (Contract/Amendment/Grant)		\$120,000		
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date:	6/30/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Maine Medical Professionals Health Program ("MPHP") Maine Medical Association Manchester, ME		
Brief Description of Goods/Services/Grant:		Monitoring, screening, documentation, treatment referral and advocacy of nurses in remission from chemical dependency/substance use/behavioral health, including regular urine/blood testing and group/individual therapy.		

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. Higher Education 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 program is operated within the state to assist nurses challenged with substance use, mental health, and behavioral issues. If these nurses are not treated with a supervised, individualized program of recovery, it might result in a risk to the public.

Although there are for profit and non-profit entities which operate programs for recovery from chemical, mental or physical impairment within the state, there are none designed and statutorily empowered to provide the unique program tailored to licensed nurses except that presently provided by the contractor under the terms of the statutes and protocols referred to in this contract. The protection of the public, and simultaneous regulation of the recovering nurse provided by this contractual arrangement, do not conform to statute if another entity is contracted with.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

There is no other program of this nature available to nurses in Maine, whereby they may retain their licenses and practice safely while recovering. The program also intervenes with nurses who may be becoming impaired to interrupt progression of their disease. Prior to inception of this program, nurses had to seek help out-of-state on their own or be disciplined by license sanction after their impairment was discovered.

Services provided under the contract are not available to Maine licensed nurses from any other State of Maine agency. Provisions of services rendered under this contract have no impact on state employees, civil service, or otherwise.

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

The Maine Medical Professionals Health Program is also utilized by healthcare professionals in medicine and osteopathy throughout the state. The program is funded through state licensing boards, professional associations, medical staffs, and malpractice carriers. Participant fees also account for a significant portion of the operating budget. The Board of Nursing contract is paid with 100% Dedicated Revenue from licensing fees. No General Fund Revenues are used. Each year the vendor has provided an annual report to the Board, both in writing and in a discussion forum. Costs have been discussed openly. The program has been used by the Board for many years and the Board has been satisfied with the vendor's performance.

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

PART III: SUPPLEMENTAL INFORMATION

MPHP is a program designed for healthcare (medical) professionals {physicians and nurses} in Maine. It would be resource intensive to try to find another vendor. MPHP is unique in its services.

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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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

Typed Name: Kim Esquibel

Date: 5-18-2026

<p>2. Additional signature required ONLY if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the <u>designee specifically authorized to approve emergency procurement requests.</u></p>			
<p>Signature of requesting Department's Commissioner (or designee):</p>			
<p>Typed Name:</p>		<p>Date:</p>	

****OSPS Section Only****

<p>Signature of DAFS Procurement Official:</p>			
<p>Typed Name:</p>		<p>Thomas Paquette</p>	<p>Date: 5/21/2026</p>