



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:	Board of Licensure in Medicine			
Department Contract Administrator or Grant Coordinator:	Valerie Hunt			
(If applicable) Department Reference #:				
Agency Department Code:	02M	Advantage CT / RQS #:	CT20260520000000002665	
Amount: (Contract/Amendment/Grant)	\$148,000.00			
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:	Medical Professionals Health Program PO Box 190 Manchester, ME 04351			
Brief Description of Goods/Services/Grant:	Impaired 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.)

☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified

☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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.

Pursuant to PL (1985) Chap. 185, the Board of Licensure in Medicine has continuously contracted since 1988 with the Medical Professionals Health Program (MPHP). The purpose of the MPHP is to provide resources, referrals, and on-going monitoring for medical professionals in this State 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 is no other program of this nature available to medical professionals or the licensing boards in the State. 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, upon notification, with medical professionals who may be becoming impaired, and hence be a risk to the public, to interrupt progression of their disease and reports these individuals to the relevant licensing board if they do not avail themselves of the MPHPs 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 by misadventure.

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.

While resources for medical professionals may exist outside of the MPHP, there is no other program of this nature available to medical professionals or to licensing boards in the State. There is no other program that has protocols with the licensing boards to report those medical professionals who are not complying with their program or who fail or refuse to utilize the services despite an obvious addiction, substance misuse, or mental health challenge. There is no other program of this nature available to medical professionals in the State, whereby they may retain their licenses and practice safely while in recovery and being closely monitored. 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 by misadventures.

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 Board has continuously contracted with this vendor since 1988. Each year the vendor has provided an annual report to the Board, both in writing and in a discussion forum. Effectiveness of the program, updates to the reporting protocols, and costs have been discussed openly. The Board has been satisfied with the vendor's performance.

In June 2018, 5 similar states who contract with professional health programs were contacted and asked about their payments. Each of the states uses a per licensee fee, or hybrid thereof. Four of the five programs pay more than \$20 per license. One paid \$7.09 per licensee. The Board has continuously contracted with this vendor since 1988. Each year the vendor has provided an annual report to the Board, both in writing and in a discussion forum. Effectiveness of the program, updates to the reporting protocols, and costs have been discussed openly. The Board has been satisfied with the vendor's performance. This contract will bring the Board's payment to approximately \$14.00 per licensee per active licensee which is still noticeably lower than four of the five states.

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

There is no other program of this nature available to medical professionals in the State, and the board is unable to describe any potential opportunities to foster competition for these goods or services in the future. Virtually every state has a program similar to the MPHP in scope and purpose.

Although for-profit and non-profit entities operate programs for recovery from chemical, mental or physical impairment within the State, there are none which are designed and statutorily empowered to provide the unique program tailored to medical professionals like that presently provided by the contractor (MPHP) under the terms of the statutes and protocols referred to in this contract. The protection of the public and simultaneous regulation and monitoring of the medical professionals provided by this particular contractual arrangement may not conform to statute if another entity were contracted with.

Governing Statutes are: 32 M.R.S. § 3269(10) and (12); 32 M.R.S. § 3298; 24 M.R.S. § 2502.

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):

Valerie Hunt

Typed Name:

Valerie Hunt

Date:

5/18/2026

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 designee specifically authorized to approve emergency procurement requests.

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

Typed Name:

Date:

OSPS Section Only

Signature of DAFS
Procurement Official:

DocuSigned by:
Thomas Paquette
249502C7B71A49A

Typed Name:

Thomas Paquette

Date:

5/29/2026