



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of 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 Division of 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: | Timothy Terranova  |                       |                      |           |
| (If applicable) Department Reference #:                 |  |                       |                      |           |
| Amount:<br>(Contract/Amendment/Grant)                   | \$ 250,000   | Advantage CT / RQS #: | 20240530000000003483 |           |
| CONTRACT  | Proposed Start Date:   | 7/1/2024              | 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:              | Medical Professionals Health Program<br>PO Box 190<br>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.) |                                  |                          |                                  |
| <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.

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 RFP 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.

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

**PART III: SUPPLEMENTAL INFORMATION**

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 \$13.50 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) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

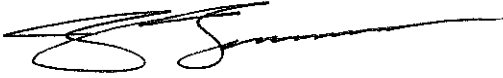
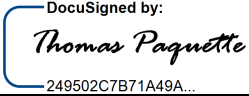
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

*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:  | Timothy Terranova, Executive Director  | Date: | 6/4/2024 |
| Signature of DAFS Procurement Official:                          |   |       |          |
| Typed Name:  | Thomas Paquette  | Date: | 6/5/2024 |