



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:		Dennis E. Smith, Esq.		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 37,452	Advantage CT / RQS #:	20230705000000000004
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date:	6/30/2024
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 30 Association Drive 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.

Controlled substance abuse and overdoses continue to be very serious public health problems in the United States and Maine, in addition to ethical and competent communication in the delivery of telehealth to rural areas.

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 in May 2024.

MMA has also agreed to create 3 additional Online Educational Modules utilizing the systems and methods that made the past 18 modules successful. These will be organized as a series of 3 one to 1 1/2 hour modules that can be completed by health care professionals on their own schedule.

Of note, a bill introduced this session to reduce the requirement for opioid CME died. This underscores the importance to continuing to provide free, up-to-date CME options for Maine licensees.

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.

**PART III: SUPPLEMENTAL INFORMATION**

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

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)**

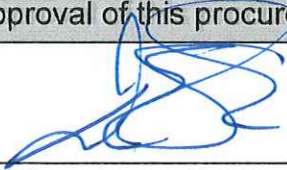

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	DENNIS E. SMITH	Date:	7/10/23
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>249502C7B71A49A...</small>		
Typed Name:	Thomas Paquette	Date:	7/11/2023