



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 CDC/DHHS		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank		
(If applicable) Department Reference #:		CD0-25-1319A		
Agency Department Code:	10A	Advantage CT / RQS #:	CT 10A 20240627000CD0251319	
Amount: (Contract/Amendment/Grant)		Amd B: \$48,374.75 Total: \$368,374.75		
CONTRACT	Proposed/Original Start Date:	7/1/2024	Proposed/Most Recent End Date:	6/30/2026
AMENDMENT	New Effective Date:	10/1/2025	New End Date (if Applicable):	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		MaineHealth – Westbrook, Maine DBA Northern New England Poison Center Portland, ME		
Brief Description of Goods/Services/Grant:		The purpose of this Amendment is to add one-time funding for the Vendor to provision for and stockpile Tamiflu in the Pharmaceutical (PHARM) for emergency deployment by licensed medical personnel authorized in dispensing Maine’s PHARM cache assets.		

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 checked="" 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.	
<p>The Northern New England Poison Center (NNEPC) provides technical assistance and guidance regarding triage and deployment of Maine’s CHEMPACK and Pharmaceutical (PHARM) Cache assets, by providing trained/licensed medical staff capable of authorizing the deployment of Maine’s CHEMPACK and PHARM Cache assets.</p> <p>Amendment A is to provide one-time funding to provision for and stockpile Tamiflu for the Maine PHARM Cache.</p>	
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.	
<p>The Northern New England Poison Center (NNEPC) is the only poison center in northern New England and provides Program with highly trained and experienced subject matter expert in the fields of medicine, toxicology, and pharmacology.</p> <p>Dr. Karen Simone is the director of the NNEPC. She is a Doctor of Pharmacy, a Diplomate of the American Board of Applied Toxicology, and a Fellow of the American Academy of Clinical Toxicology. Dr. Simone oversees the day-to-day operations of the poison center, including management of calls, emergency preparedness activities, staff education, educational outreach, and research and funding.</p> <p>Dr. Mark Neavyn is the medical director of the NNEPC. He is a physician in emergency medicine and medical toxicology. Dr. Neavyn oversees the clinical management of calls and provides toxicology education for physicians in training.</p> <p>Drs. Tammi Schaeffer, Joseph Kennedy, James Watson, Carin Malley and Jim Whitledge are medical toxicology attendings who work with and take calls for the NNEPC. They are emergency medicine physicians and medical toxicologists associated with Maine Medical Center and/or the NNEPC. Victoria Frankl is a registered nurse with nearly ten years of poison center experience. She is both the Maine educator and a poison specialist on the NNEPC hotline.</p>	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
<p>The cost of purchasing Tamiflu by using the purchasing power of Maine’s largest Level 1 Trauma Center is significantly cheaper than the cost extended to the Department. Further, the provisioning of this type of pharmaceutical requires trained medical professionals who are authorized to prescribe this medication.</p>	
4. Describe the plan for future competition for the goods or services.	

PART III: SUPPLEMENTAL INFORMATION

Maine Sec. 1. – 22 MRSA c. 252-B Chapter-252-B- Poison Control Center-§1346.1 designates the Maine Poison Center, located at the Maine Medical Center, as the official state poison control. The Department does not intend to competitively procure these services.

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).

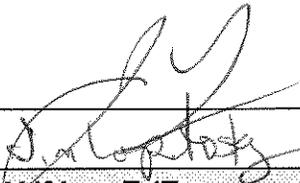
Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

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:	<i>Kathy Paquette</i>	Date:	17-Nov-25
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</u> 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:	<small>DocuSigned by:</small>  <small>41C2BA36FAE44CD</small>		
Typed Name:	Kathy Paquette	Date:	12/3/2025