## Prescription Drug Monitoring Program Training and Technical Assistance Center

## **Delaware**

PDMP Name: Delaware PMP PDMP region: East

Agency responsible: Division of Professional Regulation, Office of Controlled Substances

Agency type: Professional Licensing Agency

PDMP email:

PDMP website: http://dpr.delaware.gov/boards/controlledsubstances/pmp/default.shtml Enrollment website: http://dpr.delaware.gov/boards/controlledsubstances/pmp/default.shtml

Query website: https://depdm-phy.hidinc.com/

Data upload website: Statistics website:

### **Contact Information**

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### State Registrant Totals and Population

Statistics year: 2019 DEA registered prescribers: 5,993
State population: 973,764 DEA registered dispensers: 211

F	PDMP Availa	able Reports		
<ul> <li>✓ Prescriber access to patient history</li> <li>□ Prescriber access to own history</li> <li>□ Prescriber access to patient query history</li> </ul>		<ul> <li>✓ Licensing Board access to patient history</li> <li>✓ Licensing Board access to licensee history</li> <li>✓ Licensing Board access to patient query history</li> </ul>		
<ul> <li>□ Prescriber access to registrant query history</li> <li>□ Dispenser access to patient history</li> <li>□ Dispenser access to own history</li> <li>□ Dispenser access to patient query history</li> <li>□ Dispenser access to registrant query history</li> <li>□ Patient access to own query history</li> <li>□ Summary data on/with patient reports</li> <li>□ Customized reports by user type</li> </ul>		✓ Licensing Board access to registrant query history  ✓ Law Enforcement access to patient history  ✓ Law Enforcement access to prescriber history  □ Law Enforcement access to dispenser history  ✓ Law Enforcement access to patient query history  ✓ Law Enforcement access to registrant query history  □ Clinical Alerts  □ Risk Scores		
		t and Staffing		
<ul> <li>□ State general fund</li> <li>□ Licensing fee</li> <li>☑ Controlled substance registration fee</li> <li>□ Regulatory board fund</li> <li>□ Agreed settlement</li> </ul>		of Funding ant	✓ Other funding  Prescription Opioid Impact Fee	
	Staff Category an	d Number of FTEs	Total Staff: 2.00	
# af amanlassana O:= =:= +! = := -!	4	ш_е	Othorn	
# of employees - Operational: # of employees - Technical:	1	# of employees -	Other:	

#### Policies and Procedures **Key PDMP Dates** PDMP Operational: Legislation Enacted: 07-15-2010 03-01-2012 Initial user access: 08-21-2012 On-line access: 08-21-2012 Electronic reporting: 03-01-2012 **Interstate Data Sharing Relevant Statutes and Rules** Statute website: http://delcode.delaware.gov/title16/c047/sc07/index.shtml DE Code Title 16 §4798 Statute citation: Regulation citation: Dr shopper statute: DE Code 16 § 4757 Pill mill statute: Pain clinic statute: Disclosure statute: DE Code Title 16 §4798 Opioid guidelines: **Miscellaneous Capabilities and Policies** ☐ Zero-reporting Zero-reporting frequency: Data collection frequency: Daily ☐ Mandatory E-Prescribing (EPCS) ☐ Ability to identify prescriber specialty ✓ Payment method captured ☐ Ability for users to set thresholds for alert notices ☐ Patient ID required to be presented to dispenser ☐ Ability for users to do user-led alert notices ☐ Patient ID captured ☐ Unsolicited alerts to practitioners not enrolled in PDMP ☐ ID of person (other than patient) dropping off capture ☐ Ability to search for multiple patients in one query ☐ ID of person (other than patient) picking up capture Maximum number of patients in one query: ✓ Mandated use of advisory group ☐ Supervisor review/audit of delegate accounts ☐ ICD-10 Codes Collected Number of delegates allowed Deceased Patient Field ✓ Ability to de-identify data ☐ HIPAA Covered Entity Authority to release de-identified data ☐ Certified as CMS Specialized Registry Authority to release for epidemiological or educational purposes ☐ User-friendly web interface Engaged in release for epidemiological or educational purposes ☐ Data analysis software ✓ Identifiable Data to State Health Department ☐ Online user guides/educational materials ☐ Identifiable Data to local Health Department ✓ Patient Notification of Breach

☐ Patient consent required before data release

Required notification to patients of Query

Patient Breach Notification Method

Patient Breach Notification Method Other: Email, Mail, Telephone, (See State definition of "notice")

PDMP Effectiveness Stud

Frequency unsolicited alerts/reports generated:

Delivery method for unsolicited alerts/reports: Notification sent via email, Report sent via email, Via internal alerts within

✓ Patient Breach Notification Written

the PMP

Data Retention					
☐ Data retention policy ☐ Prescriber information purged ☐ Patient information purged ☐ Retain de-identified data					
$\square$ All information purged $\square$ Dispenser info	mation purged $\;\square$ Drug information	purged Retention time:			
Record retention details:					
De-Identified data retention details:					
	PDMP User Training				
Training website:					
<b>Available Training</b>	Training Requir	ed Before PDMP Use			
$\square$ Prescriber $\square$ Attorney General	☐ Prescriber ☐ Attorne	y General			
☐ Dispenser ☐ Patient	☐ Dispenser ☐ Patient				
$\square$ Law Enforcement $\square$ Researcher	$\square$ Law Enforcement $\square$ Researce	her			
Regulatory Board	$\square$ Regulatory Board $\square$ Other				
	PDMP Accounts				
$\square$ Automatic enrollment with license renewa	l or application				
Enrollment method:					
Prescriber account criteria: Must	have Delaware state license; once PM	P connected to PMPi, then other states'			
		needs to provide their Delaware State			
	e number, DEA number (if applicable),	, First and Last name, Social Security			
	er and Date of Birth.				
Dispenser account criteria:					
Regulatory Board account criteria:  Law Enforcement account criteria:					
	aquirements	Law Enforcement Access Methods			
Law Enforcement Requirements  ✓ Active investigation  □ Probable cause  □ On-line/web portal					
☐ Subpoena ☐ Search war		✓ Written request			
		'			
	d/upon request	Other method:			
Other:					
	Criteria to Query PDMP				
Minimum data elements:	Sitteria to Query i Divil				
Partial data elements:					
Optional data elements:					
Patient access to query list details:	·				

Requirements for patients to get own report:

#### **Required PDMP Enrollment and Use**

<b>✓</b> Require	d enrollment	- Prescriber	$\square$ Required enrollment - Dispe	nser 🔽	Compliance Process fo	r Enrollment Mandates
A prescrib	er who holds	a controlled s	substance registration issued pur	suant to	§ 4732 of this title must	be registered with the
Prescription	on Monitoring	g Program. A p	prescriber who is issued a contro	lled subst	tance registration for th	e first time shall
register w	ith the Prescr	iption Monito	ring Program within 90 days of	ssuance.	Failure to comply with t	this subsection may
result in d	isciplinary act	ion pursuant	to § 4735 of this title.			

Enrollment Effective Date(s): January 1, 2014

✓ Required use - Prescriber Required use - Dispenser ✓ Compliance Process for Use Mandates

A prescriber, or other person authorized by the prescriber, shall obtain, before writing a prescription for a controlled substance listed in Schedule II, III, IV or V for a patient, a patient utilization report regarding the patient for the preceding 12 months from the computerized program established by the Office of Controlled Substances when the prescriber has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition. The prescriber shall review the patient utilization report to assess whether the prescription for the controlled substance is necessary. Regulations: 9.5First time, outpatient prescription for Acute Pain; maximum seven-day supply. 9.5.1When issuing a prescription for an opioid analgesic to an adult patient for outpatient use for the first time, for an Acute Pain Episode, a practitioner may not issue a prescription for more than a sevenday supply. 9.5.2A practitioner may not issue a prescription for an opioid analgesic to a minor for more than a seven-day supply at any time and shall discuss with the parent or guardian of the minor the risks associated with opioid use and the reasons why the prescription is necessary. 9.5.3Notwithstanding subsections 9.5.1 and 9.5.2, if, in the professional medical judgment of a practitioner, more than a seven-day supply of an opiate is required to treat the adult or minor patient's acute medical condition, then the practitioner may issue a prescription for the quantity needed to treat such acute medical condition. The condition triggering the prescription of an opiate for more than a seven-day supply shall be documented in the patient's medical record, the practitioner shall query the PMP to obtain a prescription history, and the practitioner shall indicate that a non-opiate alternative was not appropriate to address the medical condition and comply with subsections 9.6.4 and 9.6.5. 9.6Subsequent prescriptions. Subject to the exemptions set forth in subsection 9.7, after the first time prescription, or after the patient has been issued outpatient prescription(s) totaling up to a seven day supply, prior to issuing a subsequent prescription for an opioid analgesic for Acute Pain, the practitioner must perform an appropriate evaluation of the patient's medical history and condition, including the following: 9.6.1Query the PMP to obtain a prescription history for the first subsequent prescription that goes beyond the initial 7-day period and, for any subsequent prescriptions after that, the PMP shall be queried at the discretion of the practitioner unless otherwise required; 9.6.2Administer a fluid drug screen, at the discretion of the practitioner; 9.6.3Conduct a physical examination which must include a documented discussion between the practitioner and patient to: Elicit relevant history, explain the risks and benefits of opioid analgesics and possible alternatives to the use of opioid analgesics, identify other treatments tried or considered, and determine whether opioid analgesics are contra-indicated; 9.6.40btain an Informed Consent form, signed by the patient (or the patient's proxy), that must include information regarding the drug's potential for addiction, abuse, and misuse; and the risks associated with the drug of life-threatening respiratory depression; overdose as a result of accidental exposure potentially fatal, especially in children; neonatal opioid withdrawal symptoms; and potentially fatal overdose when interacting with alcohol; and other potentially fatal drug/drug interactions, such as benzodiazepines; and 9.6.5Schedule and undertake periodic follow-up visits and evaluations of the patient to monitor and assess progress toward goals in the treatment plan and modify the treatment plan, as necessary. The practitioner must determine whether to continue the treatment of pain with an opioid analgesic, whether there is an available alternative, whether to refer the patient for a pain management or substance abuse consultation. 9.7Exemptions to subsection 9.6: 9.7.1If a patient has been discharged from an in-patient facility or out-patient surgical center, and, in the professional medical judgment of the practitioner, more than a seven-day supply of an opiate is required to treat the patient's acute medical condition, the practitioner may issue a second prescription for not more than a seven-day supply without satisfying the requirements of subsection 9.6. 9.7.2If a practitioner satisfies the requirements of subsection 9.6 at the time of the first time prescription, the practitioner may issue a subsequent prescription for not more than a seven-day supply without repeating the requirements of subsection 9.6. 9.8Chronic Pain patients. In addition to the requirements of subsection 9.6, the practitioner must adhere to the following additional requirements for Chronic Pain patients: 9.8.1Query the PMP at least every six months, more frequently if clinically indicated, or whenever the patient is also being prescribed a benzodiazepine; 9.8.2Query the PMP whenever the patient is assessed to potentially be at risk for substance abuse or misuse or demonstrates such things as loss of prescription(s), requests for early refills or similar behavior; 9.8.3Administer fluid drug screens at least once every six months; 9.8.4Obtain a signed Treatment Agreement, pursuant to subsection 9.3.13; 9.8.5Conduct a Risk Assessment as defined in subsection 9.3.10; 9.8.6Document in the patient's medical record

alternative treatment options that have been tried by the patient, including non-pharmacological treatments, and their adequacy with respect to providing sufficient management of pain; 9.8.7Make efforts to address psychiatric and medical comorbidities concurrently, rather than sequentially, when concurrent treatment is clinically feasible; and 9.8.8At the practitioner's discretion, seek a case review and consult with, or otherwise refer the patient to, a state-licensed physician who holds a subspecialty board certification in addiction psychiatry from the American Board of Psychiatry and Neurology or an addiction certification from the American Board of Addiction Medicine or an addiction specialist if any of the following occur: 9.8.8.1Adulterated drug tests; 9.8.8.2Diversion of prescribed medications; or 9.8.8.3The patient has obtained controlled substances elsewhere without disclosure to the physician, as evidenced by PMP data. 9.9Practitioners treating the following patients are exempted from the requirements of this Regulation: 9.9.1Hospice care patients; 9.9.2Active cancer treatment patients; 9.9.3Patients experiencing cancer-related pain; 9.9.4Terminally ill/palliative care patients; and 9.9.5Hospital patients, during the hospital stay, including any prescription issued at the time of discharge, so long as that discharge prescription is for a quantity of a 7-day supply or less. (d) A dispenser including those dispensing an amount deemed medically necessary for a 72-hour supply, shall submit the required information regarding each prescription dispensed for a controlled substance, in accordance with the transmission methods and frequency established by regulation issued by the Office of Controlled Substances. When needed for bona fide research purposes and in accordance with applicable regulation, the Office of Controlled Substances may require a dispenser to submit the required information regarding each prescription dispensed for a drug of concern, but in no event should dispensers be required to submit such information any more frequently than that required for controlled substances. The following information shall be submitted for each prescription: (1) Pharmacy name; (2) Dispenser DEA registration number; (3) Dispenser National Provider Identifier (NPI); (4) Date drug was dispensed; (5) Prescription number; (6) Whether prescription is new or a refill; (7) NDC code for drug dispensed; (8) Quantity dispensed; (9) Approximate number of days supplied; (10) Patient name and date of birth; (11) Patient address; (12) Prescriber DEA registration number and name; (13) Prescriber NPI; (14) Date prescription issued by prescriber. (e) When a dispenser has a reasonable belief that a patient may be seeking a controlled substance listed in Schedule II, III, IV or V for any reason other than the treatment of an existing medical condition, the dispenser shall obtain a patient utilization report regarding the patient for the preceding 12 months from the Prescription Monitoring Program before dispensing the prescription.

Use Effective Date(s): legislation approved July 15, 2010, no effective date listed

Authority to enforce PDMP mandates: Regulatory/Licensing Board

	Veterinarian Policies	
$\square$ Veterinarian access to owner's prescription h	nistory	✓ Veterinary Icon on PDMP Report
Criteria for veterinarian queries:		
Reporting method:		
Reporting description:		
Data Fields:		
$\square$ Animal reporting specifications same as hum	an patient	
Animal v. Human Patient Reporting Differences	:	
Reporting Issues:	Veterinarian does not have a DEA or NP	I number
Reporting Miscellaneous Information:		
$\square$ Reporting Mandate Compliance		
Compliance Details:		
Reporting Mandate Actions		
Enrollment Description:	Veterinarians are exempted from enroll	ment as data requesters
Enrollment Mandate Criteria:		
$\square$ Enrollment Mandate Compliance		
Compliance Details:		
Use Description:	Veterinarians are not permitted by statu	ute/rule/policy to query
Use Criteria:		
$\square$ Use Mandate Compliance		
Compliance Details:		

	Data Monitored or Accessible					
✓ Schedule II	✓ Schedule III	✓ Schedule IV	✓ Schedule V			
✓ Authority to monitor other substance  Removed from monitoring						
☐ Drug-related Arrests						
☐ Data on PDMP Report	Data Collectors:					
☐ Monitor Trends/Inform Policy	Data Reporters:					
☐ Reciprocity	Data Location:					
	Data Fields:					
	Authorized Users:					
☐ Drug-related Convictions						
$\square$ Data on PDMP Report	Data Collectors:					
$\square$ Monitor Trends/Inform Policy	Data Reporters:					
☐ Reciprocity	Data Location:					
	Data Fields:					
	Authorized Users:					
☐ Child Welfare Case Information						
☐ Data on PDMP Report	Data Collectors:					
✓ Monitor Trends/Inform Policy	Data Reporters:					
Reciprocity	Data Location:					
	Data Fields:					
	Authorized Users:					
☐ Criminal Court Case Information	n					
☐ Data on PDMP Report	Data Collectors:					
✓ Monitor Trends/Inform Policy	Data Reporters:					
Reciprocity	Data Location:					
, ,	Data Fields:					
	Authorized Users:					
☐ Drug Court Case Information						
☐ Data on PDMP Report	Data Collectors:					
☐ Monitor Trends/Inform Policy	Data Reporters:					
Reciprocity	Data Location:					
,	Data Fields:					
	Authorized Users:					
☐ Medical Marijuana Dispensings						
☐ Data on PDMP Report	Data Collectors:					
☐ Monitor Trends/Inform Policy	Data Reporters:					
Reciprocity	Data Location:					
,	Data Fields:					
	Authorized Users:					
☐ Risk Ratings_Urine Drug Screen	c					
☐ Data on PDMP Report	Data Collectors:					
☐ Monitor Trends/Inform Policy	Data Reporters:					
Reciprocity	Data Location:					
-	Data Fields:					
	Authorized Users:					

Data Monitored or Accessible (cont'd)				
✓ Naloxone/Narcan Administration  □ Data on PDMP Report  □ Monitor Trends/Inform Policy  □ Reciprocity	Data Collectors: Data Reporters: Data Location: Data Fields: Authorized Users:	Health Department, Delaware Office of Emergency Medical Services Law Enforcement Agencies, Emergency Medical Services		
<ul> <li>Naloxone/Narcan Dispensings</li> <li>□ Data on PDMP Report</li> <li>□ Monitor Trends/Inform Policy</li> <li>□ Reciprocity</li> </ul>	Data Collectors: Data Reporters: Data Location: Data Fields: Authorized Users:			
<ul> <li>✓ Overdoses - Fatal Information</li> <li>□ Data on PDMP Report</li> <li>✓ Monitor Trends/Inform Policy</li> <li>□ Reciprocity</li> </ul>	Data Collectors: Data Reporters: Data Location: Data Fields: Authorized Users:			
<ul> <li>✓ Overdoses - Non-fatal Informati</li> <li>□ Data on PDMP Report</li> <li>✓ Monitor Trends/Inform Policy</li> <li>□ Reciprocity</li> </ul>	Data Collectors: Data Reporters: Data Location: Data Fields: Authorized Users:			
<ul> <li>□ Pharmaceutical Manufacturers</li> <li>□ Data on PDMP Report</li> <li>□ Monitor Trends/Inform Policy</li> <li>□ Reciprocity</li> </ul>	/Distributors Sales Data Collectors: Data Reporters: Data Location: Data Fields: Authorized Users:			
Sales data access method: Frequency of sales data upload: Sales data elements available:				
<ul> <li>□ Other Information</li> <li>□ Data on PDMP Report</li> <li>☑ Monitor Trends/Inform Policy</li> <li>□ Reciprocity</li> </ul>	Description: Data Collectors: Data Reporters: Data Location: Data Fields: Authorized Users:	Youth Use of Prescription Pain Meds without a Prescription (Delawar		
☐ Capture/access registrant's disci☐ Capture/access patient lock-in ir☐ Capture/access lost/stolen presc☐ ARCOS data available	nformation	s		

Technological Capabilities				
ASAP Versions Accepted Data Transmission Methods Allowed				
☐ ASAP 4-1/2010 ☐ ASAP 4-2a/201	4-1/2010 ☐ ASAP 4-2a/2016 ☑ Electronic data transmission ☑ Mail data transmission			
✓ ASAP 4-2/2011 ☐ ASAP 4-2b/201	9 $\square$ Fax data transmission $\square$ Other	☐ Media data tra	nsmission	
	Required Data	<u>Transmitters</u>		
✓ Pharmacy in-state	Dispensing	doctor	✓ Department of Defense	
✓ Pharmacy in-state/mail order tra	nsmitters $\Box$ Veterinaria	n	✓ Veterans Administration	
Pharmacy out-state/mail order	$\square$ Long-term	Care Facility Pharmacy	✓ Indian Health Services	
$\square$ Pharmacy out-state/other		al Facility Pharmacy	✓ Tribal Pharmacy	
Other: Mail order pharmacies are re	quired to report Delaware	patients.		
	Data Collection, Storage,			
Data collection entity: Vendor	Vendor name:	• •		
Data storage entity: Vendor	Vendor name:	• •		
Report generation entity: Vendor	Vendor name:	• •		
Data access entity: Vendor  Data access method: Web Por	Vendor name: tal/On-Line	Appriss		
Data access method. Web Por	•			
Nach ad Lucialisticus Forces	Interstate Da	ata Sharing		
Method Jurisdictions Engag				
	FL, GA, IL, IN, LA, ME, MD,	MA, MN, NH, NJ, NY, NC, N	D, OH, PA, RI, SC, VT, VA, WV	
RxCheck Hub NM HIE method				
— FIE Method				
	<u>Data Inte</u>	gration		
☐ State HIE in place			☐ RxCheck Integration Allowed	
% Providers Int Integrated	egration Hub Data allowe downloade		•	
$\square$ HIE Integration				
EHR Integration				
☐ PDS Integration				
Paid by Feds	Paid by State Paid by F	acility Paid by Provider		
HIE Cost Model:				
EHR Cost Model:				
PDS Cost Model:				
	Patient M	atching		
☐ Exact match ☐	Access to patient matching	g algorithms		
Probablistic match V	latching data elements:			
	latching metrics available:			
☐ Deterministic match In	iternal matching barriers:	Lack of understanding of insight into matching me	the matching process, Lack of thodology in use	
✓ Manual match	iterstate matching barriers:		the matching process, Lack of	
Other match method		- 0		

# Requestors and Reports Authorized to Generate

	Do muse to a Time	Solicited Reports		Unsolicited Reports	
	Requestor Type	In-State	Out-of-State	In-State	Out-of-State
I I a a likh a a wa	Prescriber	<b>V</b>	<b>V</b>	<b>V</b>	
Healthcare	Dispenser/Business (i.e., pharmacy)	<b>✓</b>	<b>✓</b>	<b>✓</b>	
	Dispenser/Person (i.e., pharmacist)	<b>V</b>	✓	<b>V</b>	
	Midlevel - Physician Assistant	<b>✓</b>	✓	<b>V</b>	
	Midlevel - Nurse Practitioner	<b>V</b>	✓	<b>V</b>	
	Prescriber Delegate (licensed)	<b>✓</b>		<b>V</b>	
	Dispenser Delegate (licensed)	<b>V</b>		<b>✓</b>	
	Prescriber Delegate (unlicensed)	<b>✓</b>			
	Dispenser Delegate (unlicensed)	<b>V</b>			
	Medical Residents				
	Interns				
	Medical Facility/Institution				
	Patient	<b>V</b>			
	Drug Treatment Provider	<b>✓</b>			
Pogulatory	Licensing/Regulatory Board	✓		✓	
Regulatory	State Health Department	<b>✓</b>			
	Peer Review Committee				
Law	Law Enforcement - Federal	✓	<b>~</b>	<b>✓</b>	
Enforcement	Law Enforcement - State	✓	<b>V</b>	✓	
	Law Enforcement - Local	<b>✓</b>	<b>V</b>	<b>✓</b>	
	Prosecutorial Authority	✓		✓	
	Correctional Supervision				
	Medical Examiner/Coroner	✓			
	Drug Court				
Public and	Medicaid Fraud and Abuse	<b>V</b>		✓	
	Medicaid Drug Utilization and Review	<b>✓</b>			
Private	Medicare				
Insurers	Workers Compensation - State				
	Workers Compensation - Insurance				
	Third-party Payer				
Other	Researchers	<b>✓</b>			
Other	Marijuana Dispensary				
	Other PDMP		<b>V</b>		
	PDMP Advisory Committee	<b>✓</b>			

# Requestors and Reports Being Generated

	De muset en Trus	Solicited	d Reports	Unsolicited Reports	
	Requestor Type	In-State	Out-of-State	In-State	Out-of-State
I I a a likh a a wa	Prescriber	<b>V</b>	<b>V</b>	<b>V</b>	
Healthcare	Dispenser/Business (i.e., pharmacy)	<b>✓</b>	<b>✓</b>		
	Dispenser/Person (i.e., pharmacist)	<b>V</b>	✓	<b>V</b>	
	Midlevel - Physician Assistant	<b>✓</b>	✓	<b>V</b>	
	Midlevel - Nurse Practitioner	<b>V</b>	✓	<b>V</b>	
	Prescriber Delegate (licensed)	<b>✓</b>			
	Dispenser Delegate (licensed)	<b>V</b>			
	Prescriber Delegate (unlicensed)				
	Dispenser Delegate (unlicensed)				
	Medical Residents				
	Interns				
	Medical Facility/Institution				
	Patient	<b>V</b>			
	Drug Treatment Provider	✓			
Regulatory	Licensing/Regulatory Board	✓			
Regulatory	State Health Department				
	Peer Review Committee				
Law	Law Enforcement - Federal	✓	<b>~</b>	✓	
Enforcement	Law Enforcement - State	<b>V</b>	<b>V</b>	<b>✓</b>	
	Law Enforcement - Local	✓	<b>✓</b>	<b>✓</b>	
	Prosecutorial Authority	✓			
	Correctional Supervision				
	Medical Examiner/Coroner	✓			
	Drug Court				
Public and	Medicaid Fraud and Abuse	✓		<b>✓</b>	
	Medicaid Drug Utilization and Review	✓			
Private	Medicare				
Insurers	Workers Compensation - State				
	Workers Compensation - Insurance				
	Third-party Payer				
Other	Researchers	✓			
Juliei	Marijuana Dispensary				
	Other PDMP				