

## Georgia

PDMP Name: GA PDMP PDMP region: South  
 Agency responsible: Georgia Department of Public Health  
 Agency type: Department of Health  
 PDMP email:  
 PDMP website: <https://georgia.pmpaware.net/>  
 Enrollment website: <https://georgia.pmpaware.net/>  
 Query website: <https://georgia.pmpaware.net/>  
 Data upload website: <https://pmpclearinghouse.net/>  
 Statistics website:

### Contact Information

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Office:  
 Fax:  
 Email:

### State Registrant Totals and Population

|                   |            |                             |        |
|-------------------|------------|-----------------------------|--------|
| Statistics year:  | 2018       | DEA registered prescribers: | 43,017 |
| State population: | 10,545,138 | DEA registered dispensers:  | 2,309  |

## PDMP Available Reports

- Prescriber access to patient history
- Prescriber access to own history
- Prescriber access to patient query history
- Prescriber access to registrant query history
  
- Dispenser access to patient history
- Dispenser access to own history
- Dispenser access to patient query history
- Dispenser access to registrant query history
  
- Patient access to own query history

- Licensing Board access to patient history
- Licensing Board access to licensee history
- Licensing Board access to patient query history
- 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

- Summary data on/with patient reports
- Customized reports by user type
- Peer comparison reports
- PDMP annual reports
- Data dashboards
- Prescriber report cards

- Statewide statistics
- Lost/stolen prescription information
- Drug trend reports
- Geomapping of prescription data
- Evaluation Reports for Public, Legislature, etc.

Other types of reports:

Opioid Dashboard link: <https://oasis.state.ga.us/gis/TrendableMaps/agsDrugODTrend.aspx>

2019

## PDMP Budget and Staffing

### Source(s) of Funding

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> State general fund</li> <li><input type="checkbox"/> Licensing fee</li> <li><input type="checkbox"/> Controlled substance registration fee</li> <li><input type="checkbox"/> Regulatory board fund</li> <li><input type="checkbox"/> Agreed settlement</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> BJA grant</li> <li><input checked="" type="checkbox"/> CDC grant</li> <li><input type="checkbox"/> SAMHSA grant</li> <li><input type="checkbox"/> CMS grant</li> <li><input type="checkbox"/> NASCSA grant</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Other funding</li> </ul> |
|--|---|--|

### Staff Category and Number of FTEs

Total Staff: 9.00

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li># of employees - Operational: 6</li> <li># of employees - Technical: 0</li> <li># of employees - Analytical/Epidemiological: 2</li> </ul> | <ul style="list-style-type: none"> <li># of employees - Other: 1</li> <li>Manager of Substance Misuse Awareness &amp; Prevention Program as part of the statewide opioid strategy</li> </ul> |
|--|--|

# Policies and Procedures

## Key PDMP Dates

Legislation enacted: 05-13-2011 PDMP operational: July 2013  
Initial user access: July 2013 On-line access: July 2013 Electronic reporting: July 2013

## Relevant Statutes and Rules

Statute website: <http://sos.ga.gov/cgi-bin/PLBLaws.asp?Board=03>  
Statute citation: GA Code §§16-13-57 to -65  
Regulation citation:  
Dr shopper statute: GA Code §16-13-43 (a) (6)  
Pill mill statute:  
Pain clinic statute: Sec. 43-34-280 to -290; ADC 360-8-.01 to -.10  
Disclosure statute: GA Code §16-13-64  
Opioid guidelines:

## Miscellaneous Capabilities and Policies

Data collection frequency: 24 hours  Zero-reporting Zero-reporting frequency:

|   |  |
|---|--|
| <input type="checkbox"/> Mandatory E-Prescribing (EPCS)                         | <input type="checkbox"/> Ability to identify prescriber specialty                                    |
| <input checked="" type="checkbox"/> Payment method captured                     | <input type="checkbox"/> Ability for users to set thresholds for alert notices                       |
| <input type="checkbox"/> Patient ID required to be presented to dispenser       | <input type="checkbox"/> Ability for users to do user-led alert notices                              |
| <input checked="" type="checkbox"/> Patient ID captured                         | <input type="checkbox"/> Unsolicited alerts to practitioners not enrolled in PDMP                    |
| <input type="checkbox"/> ID of person (other than patient) dropping off capture | <input type="checkbox"/> Ability to search for multiple patients in one query                        |
| <input type="checkbox"/> ID of person (other than patient) picking up capture   | Maximum number of patients in one query:   |
| <input checked="" type="checkbox"/> Mandated use of advisory group              | <input type="checkbox"/> Supervisor review/audit of delegate accounts                                |
| <input type="checkbox"/> ICD-10 Codes Collected                                 | Number of delegates allowed: 2   |
| <input type="checkbox"/> Deceased Patient Field                                 | <input checked="" type="checkbox"/> Ability to de-identify data                                      |
| <input checked="" type="checkbox"/> HIPAA Covered Entity                        | <input checked="" type="checkbox"/> Authority to release de-identified data                          |
| <input type="checkbox"/> Certified as CMS Specialized Registry                  | <input checked="" type="checkbox"/> Authority to release for epidemiological or educational purposes |
| <input type="checkbox"/> User-friendly web interface                            | <input type="checkbox"/> Engaged in release for epidemiological or educational purposes              |
| <input type="checkbox"/> Data analysis software                                 | <input checked="" type="checkbox"/> Identifiable Data to State Health Department                     |
| <input type="checkbox"/> Online user guides/educational materials               | <input type="checkbox"/> Identifiable Data to local Health Department                                |
| <input type="checkbox"/> Patient consent required before data release           | <input type="checkbox"/> Patient Notification of Breach  |
| <input type="checkbox"/> Required notification to patients of Query             | <input type="checkbox"/> Patient Breach Notification Written   |

Patient Breach Notification Method:  
Patient Breach Notification Method Other:  
 PDMP Effectiveness Study

Frequency unsolicited alerts/reports generated:  
Delivery method for unsolicited alerts/reports: Report sent via email

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Data Retention

- Data retention policy     Prescriber information purged     Patient information purged     Retain de-identified data  
 All information purged     Dispenser information purged     Drug information purged    Retention time: 2 years

Record retention details:

De-Identified data retention details:

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PDMP User Training

Training website:

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Available Training

- Prescriber                       Attorney General  
 Dispenser                       Patient  
 Law Enforcement            Researcher  
 Regulatory Board

Training Required Before PDMP Use

- Prescriber                       Attorney General  
 Dispenser                       Patient  
 Law Enforcement            Researcher  
 Regulatory Board            Other
- 

PDMP Accounts

- Automatic enrollment with license renewal or application

Enrollment method:

Prescriber account criteria:

Dispenser account criteria:

Regulatory Board account criteria:

Law Enforcement account criteria:

Law Enforcement Requirements

- Active investigation                       Probable cause  
 Subpoena                                       Search warrant  
 Court order/approval                       Proper need/upon request

Other: law enforcement or prosecutorial officials pursuant to a search warrant issued by an appropriate court or official in the county in which the law enforcement or prosecutorial officials are located; federal law enforcement or prosecutorial officials with a search warrant or grand jury subpoena

Law Enforcement Access Methods

- On-line/web portal  
 Written request

Other method:

PDMP has established an email address for law enforcement PDMP inquiries

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Criteria to Query PDMP

Minimum data elements:

Partial data elements:

Optional data elements:

Patient access to query list details:

Requirements for patients to get own report:

### Required PDMP Enrollment and Use

- Required enrollment - Prescriber     Required enrollment - Dispenser     Compliance Process for Enrollment Mandates

Requires each physician owning or practicing in a pain management clinic to register with the PMP; all prescribers with a DEA registration number enroll in the PDMP no later than January 1, 2018 or within 30 days of attaining DEA registration if such registration occurs subsequent to that date.

Enrollment Effective Date(s): July 13, 2014

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

Requires each physician owning or practicing in a pain management clinic to regularly check the PMP on all new and existing patients. Required to check when first prescribing a controlled substance or benzodiazepines and thereafter once every 90 days with some exemptions.

Use Effective Date(s): July 13, 2014

Authority to enforce PDMP mandates: Regulatory/Licensing Board

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### Veterinarian Policies

- Veterinarian access to owner's prescription history     Veterinary Icon on PDMP Report

Criteria for veterinarian queries:

Reporting method:

Reporting description:

Data Fields:

- Animal reporting specifications same as human patient

Animal v. Human Patient Reporting Differences:

Reporting Issues:

Reporting Miscellaneous Information:

- Reporting Mandate Compliance

Compliance Details:

Reporting Mandate Actions:

Enrollment Description:

Enrollment Mandate Criteria:

- Enrollment Mandate Compliance

Compliance Details:

Use Description:

Veterinarians are not permitted by statute/rule/policy to query

Use Criteria:

- Use Mandate Compliance

Compliance Details:



## Data Monitored or Accessible (cont'd)

**Pharmaceutical Manufacturers/Distributors Sales**

- Data on PDMP Report                      Data Collectors:  
 Monitor Trends/Inform Policy              Data Reporters:  
 Reciprocity                                      Data Location:

Sales data access method:

Frequency of sales data upload:

Sales data elements available:

**Overdoses - Fatal Information**

- Data on PDMP Report                      Data Collectors:  
 Monitor Trends/Inform Policy              Data Reporters:  
 Reciprocity                                      Data Location:

**Overdoses - Non-fatal Information**

- Data on PDMP Report                      Data Collectors:  
 Monitor Trends/Inform Policy              Data Reporters:  
 Reciprocity                                      Data Location:

**Other Information**

Description:                      [Vital Statistics Death Data; Low THC Registry](#)

- Data on PDMP Report                      Data Collectors:  
 Monitor Trends/Inform Policy              Data Reporters:  
 Reciprocity                                      Data Location:

Capture/access registrant's disciplinary history/status

Capture/access patient lock-in information

Capture/access lost/stolen prescription drug reports

ARCOS data available

# Technological Capabilities

## ASAP Versions Accepted

- ASAP 4-1/2010
- ASAP 4-2/2011
- ASAP 4-2a/2016

## Data Transmission Methods Allowed

- Electronic data transmission
- Fax data transmission
- Other
- Mail data transmission
- Media data transmission

## Required Data Transmitters

- Pharmacy in-state
- Pharmacy in-state/mail order transmitters
- Pharmacy out-state/mail order
- Pharmacy out-state/other
- Dispensing doctor
- Veterinarian
- Long-term Care Facility Pharmacy
- Correctional Facility Pharmacy
- Department of Defense
- Veterans Administration
- Indian Health Services
- Tribal Pharmacy

Other: [Out of State Pharmacies are Voluntary](#)

## Data Collection, Storage, Generation and Access

Data collection entity: Vendor Vendor name: Appriss  
Data storage entity: Vendor Vendor name: Appriss  
Report generation entity: Vendor Vendor name: Appriss  
Data access entity: Vendor Vendor name: Appriss  
Data access method: Web Portal/On-Line

## Interstate Data Sharing

| Method                                       | Jurisdictions Engaged  |
|--|--|
| <input checked="" type="checkbox"/> PMPi Hub | AL, AR, DE, DC, FL, LA, ME, MA, MS, NC, ND, OH, SC, TN, TX, VA |
| <input type="checkbox"/> RxCheck Hub         |  |
| <input type="checkbox"/> HIE method          |  |

## Data Integration

| Method   | Paid By                    | Cost Model               | # of Integrations |
|--|----------------------------|--------------------------|-------------------|
| <input type="checkbox"/> via Health Information Exchange           |                            |                          |                   |
| <input checked="" type="checkbox"/> via Electronic Health Record   | State; Healthcare Provider |                          |                   |
| <input checked="" type="checkbox"/> via Pharmacy Dispensing System | Healthcare Provider        |                          |                   |
| Other:   |                            |                          |                   |
| <input checked="" type="checkbox"/> Integrations through PMPi Hub  |                            | Clinicians % Integrated: | 1-5%              |
| <input type="checkbox"/> Integrations through RxCheck Hub          |                            | Pharmacies % Integrated: | 21-50%            |
| <input type="checkbox"/> Integrations through Other Hub            |                            |                          |                   |

## Patient Matching

|   |   |
|---|---|
| <input type="checkbox"/> Exact match                    | <input type="checkbox"/> Access to patient matching algorithms  |
| <input checked="" type="checkbox"/> Probabilistic match | Matching data elements:   |
| <input type="checkbox"/> Referential match              | Matching metrics available: True positive matches, True negative matches  |
| <input type="checkbox"/> Deterministic match            | Internal matching barriers: Data quality issues, Limited data elements used in matching process, Lack of insight into matching methodology in use |
| <input checked="" type="checkbox"/> Manual match        | Interstate matching barriers: Data quality issues   |
| <input type="checkbox"/> Other match method             |   |



## Requestors and Reports Authorized to Generate

|                                    | <b>Requestor Type</b>                | <b>Solicited Reports</b>            |                                     | <b>Unsolicited Reports</b>          |                          |
|------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                    |                                      | <b>In-State</b>                     | <b>Out-of-State</b>                 | <b>In-State</b>                     | <b>Out-of-State</b>      |
| <b>Healthcare</b>                  | Prescriber                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                    | Dispenser/Business (i.e., pharmacy)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Dispenser/Person (i.e., pharmacist)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Midlevel - Physician Assistant       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                    | Midlevel - Nurse Practitioner        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                    | Prescriber Delegate (licensed)       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Dispenser Delegate (licensed)        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Prescriber Delegate (unlicensed)     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Dispenser Delegate (unlicensed)      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Medical Residents                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Interns                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Medical Facility/Institution         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Patient                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Drug Treatment Provider              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Regulatory</b>                  | Licensing/Regulatory Board           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                    | State Health Department              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Peer Review Committee                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Law Enforcement</b>             | Law Enforcement - Federal            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                    | Law Enforcement - State              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                    | Law Enforcement - Local              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                    | Prosecutorial Authority              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                    | Correctional Supervision             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Medical Examiner/Coroner             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Drug Court                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Public and Private Insurers</b> | Medicaid Fraud and Abuse             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Medicaid Drug Utilization and Review | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Medicare                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Workers Compensation - State         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Workers Compensation - Insurance     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Third-party Payer                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                       | Researchers                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Marijuana Dispensary                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Other PDMP                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    | Agency administering the PDMP for th | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    |                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                    |                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

## Requestors and Reports Being Generated

|                                    | <b>Requestor Type</b>                | <b>Solicited Reports</b>            |                                     | <b>Unsolicited Reports</b> |                          |
|------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|----------------------------|--------------------------|
|                                    |                                      | <b>In-State</b>                     | <b>Out-of-State</b>                 | <b>In-State</b>            | <b>Out-of-State</b>      |
| <b>Healthcare</b>                  | Prescriber                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Dispenser/Business (i.e., pharmacy)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Dispenser/Person (i.e., pharmacist)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Midlevel - Physician Assistant       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
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|                                    | Prescriber Delegate (licensed)       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Dispenser Delegate (licensed)        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Prescriber Delegate (unlicensed)     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Dispenser Delegate (unlicensed)      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Medical Residents                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Interns                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Medical Facility/Institution         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Patient                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Drug Treatment Provider              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
| <b>Regulatory</b>                  | Licensing/Regulatory Board           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | State Health Department              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Peer Review Committee                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
| <b>Law Enforcement</b>             | Law Enforcement - Federal            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Law Enforcement - State              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Law Enforcement - Local              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Prosecutorial Authority              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Correctional Supervision             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Medical Examiner/Coroner             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Drug Court                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
| <b>Public and Private Insurers</b> | Medicaid Fraud and Abuse             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Medicaid Drug Utilization and Review | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Medicare                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Workers Compensation - State         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Workers Compensation - Insurance     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Third-party Payer                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
| <b>Other</b>                       | Researchers                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Marijuana Dispensary                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    | Other PDMP                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    |                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
|                                    |                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |