Delaware

PDMP acronym: Delaware PMP
Agency Responsible: Division of Professional Regulation, Office of Controlled Substances
Agency Type: Professional Licensing Agency

PDMP Web Resources/Links
PDMP Website: https://dpr.delaware.gov/boards/pmp/
PDMP Email: customerservice.dpr@delaware.gov
PDMP Register Website: http://dpr.delaware.gov/boards/controlledsubstances/pmp/default.shtml
PDMP Query Website: https://depdm-phy.hidinc.com/
PDMP Website:
PDMP Data Upload Website:
Statute/Regulation Website: https://delcode.delaware.gov/title16/c047/sc07/
Opinion Guidelines Website:
PDMP FAQs: https://dpr.delaware.gov/boards/pmp/faqs/
Integration Guidance: https://dpr.delaware.gov/boards/pmp/pmp-integration-initiative/
PDMP Statistics Website: https://dpr.delaware.gov/boards/pmp/reports/
Training Website: https://go.bamboohealth.com/rs/228-ZPQ-393/images/updated_user_registration_tutorial.pdf
Statute/Regulation Website:

PDMP Contact Information

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Fax:
Email: sarah.siok@delaware.gov

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City State Zip: Dover DE 19904-2467
Telephone: 3027444518
Fax:
Email: jason.slavoski@delaware.gov
## State Population and Number of Registrants

<table>
<thead>
<tr>
<th>State population:</th>
<th>DEA Prescriber total:</th>
<th>DEA Dispenser total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,031,985</td>
<td>6,878</td>
<td>209</td>
</tr>
</tbody>
</table>

## Data Transmitter(s)

- Department of Defense
- Indian Health Services
- Pharmacy (Mail Order In-State)
- Tribal Pharmacy
- Dispensing Practitioner
- Pharmacy (In-State)
- Pharmacy (Mail Order Out of State)
- Veterans Administration

## Substances Monitored

- Drugs of Concern
- Schedules II - V

## Alternate Data Sources

- Naloxone/Narcan Administrations
- Overdoses - Fatal

## Available Reports

- Data Dashboards
- Geomapping of Prescription Data
- Patient Query Lists to Law Enforcement
- Patient Reports to Dispensers
- Patient Reports to Licensing Boards
- PDMP Evaluation Reports
- Prescriber Reports to Law Enforcement
- Registrant Query Lists to Licensing Boards
- Drug Trend Reports
- Licensee Reports to Licensing Board
- Patient Query Lists to Licensing Boards
- Patient Reports to Law Enforcement
- Patient Reports to Prescribers
- Prescriber Report Cards
- Registrant Query Lists to Law Enforcement
- Statewide Statistics
Statistical Capabilities
Authorized PDMP Users

Dispenser Delegates - Licensed/Solicited In-State
Dispenser Delegates - Licensed/Unsolicited In-State
Dispenser Delegates - Unlicensed/Solicited In-State
Dispensers - Pharmacies/Solicited In-State
Dispensers - Pharmacies/Solicited Out-of-State
Dispensers - Pharmacies/Unsolicited In-State
Dispensers - Pharmacists/Solicited In-State
Dispensers - Pharmacists/Solicited Out-of-State
Dispensers - Pharmacists/Unsolicited In-State
Drug Treatment Providers/Solicited In-State
Law Enforcement - Federal/Solicited In-State
Law Enforcement - Federal/Solicited Out-of-State
Law Enforcement - Federal/Unsolicited In-State
Law Enforcement - Local/Solicited In-State
Law Enforcement - Local/Solicited Out-of-State
Law Enforcement - Local/Unsolicited In-State
Law Enforcement - State/Solicited In-State
Law Enforcement - State/Solicited Out-of-State
Law Enforcement - State/Unsolicited In-State
Medicaid Drug Utilization and Review/Solicited In-State
Medicaid Fraud and Abuse/Solicited In-State
Medicaid Fraud and Abuse/Unsolicited In-State
Medical Examiners and Coroners/Solicited In-State
Nurse Practitioners/Solicited In-State
Nurse Practitioners/Solicited Out-of-State
Nurse Practitioners/Unsolicited In-State
Patients/Solicited In-State
Physician Assistants/Solicited In-State
Physician Assistants/Solicited Out-of-State
Physician Assistants/Unsolicited In-State
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Prescriber Delegates - Licensed/Unsolicited In-State
Prescriber Delegates - Unlicensed/Solicited In-State
Prescribers/Solicited In-State
Prescribers/Solicited Out-of-State
Prescribers/Unsolicited In-State
Prosecutors/Solicited In-State
Prosecutors/Unsolicited In-State
Regulatory and Licensing Boards/Solicited In-State
Regulatory and Licensing Boards/Unsolicited In-State
Researchers/Solicited In-State
State Health Departments/Solicited In-State
Engaged PDMP Users

Dispenser Delegates - Licensed/Solicited In-State
Dispensers - Pharmacies/Solicited In-State
Dispensers - Pharmacies/Solicited Out-of-State
Dispensers - Pharmacists/Solicited In-State
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Prescribers/Solicited Out-of-State
Prescribers/Unsolicited In-State
Prosecutors/Solicited In-State
Regulatory and Licensing Boards/Solicited In-State
Researchers/Solicited In-State
Budget

Total Annual Budget:  
PDMP Staff: 2
# of Employees - Operational: 1
# of Employees - Technical: 0
# of Employees - Analytical: 1

Funding Source(s)

- CDC Grant
- Controlled Substance Registration Fee
- Other Funding

Technologies

- ASAP Version Utilized: 4.2
- Data Collection Entity: Vendor
  - Data Collection Vendor name: Bamboo Health
- Data Storage Entity: Vendor
  - Data Storage Vendor name: Bamboo Health
- Report Generation Entity: Vendor
  - Report Generation Vendor name: Bamboo Health
- Data Access Method: Web Portal/On-Line
- Data Access Entity: Vendor
  - Data Access Vendor name: Bamboo Health

Patient Matching

- Referential Matching
- Deterministic Matching
- Manual Matching
- Probabilistic Matching
- Probabilistic and Manual Matching
- Exact Matching
- Access to patient matching algorithms
- Patient Matching Metrics Available:
- Patient matching data elements:

Integration(s) Available
<table>
<thead>
<tr>
<th>State</th>
<th>Hub Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>PMPi Hub</td>
</tr>
<tr>
<td>Arkansas</td>
<td>PMPi Hub</td>
</tr>
<tr>
<td>Colorado</td>
<td>PMPi Hub</td>
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<tr>
<td>Connecticut</td>
<td>PMPi Hub</td>
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<tr>
<td>District of Columbia</td>
<td>PMPi Hub</td>
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<tr>
<td>Florida</td>
<td>PMPi Hub</td>
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<tr>
<td>Georgia</td>
<td>PMPi Hub</td>
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<tr>
<td>Illinois</td>
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<td>Massachusetts</td>
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<td>Military Health Service</td>
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<td>New Mexico</td>
<td>RxCheck Hub</td>
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<td>Pennsylvania</td>
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<tr>
<td>South Carolina</td>
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<tr>
<td>Vermont</td>
<td>PMPi Hub</td>
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<tr>
<td>Virginia</td>
<td>PMPi Hub</td>
</tr>
<tr>
<td>West Virginia</td>
<td>PMPi Hub</td>
</tr>
</tbody>
</table>
PDMP Policies

Enabling legislation enacted: 2010
PDMP operational: 2012
User access date (any method): 2012
User electronic access date: 2012
Date received electronic data: 2012
Interstate sharing start date:

Law/Statute citation: DE Code Title 16 §4798
Regulation/Rule citation:
Dr Shopper law/statute: DE Code 16 § 4757
Pill Mill law/statute:
Pain Clinic law/statute:
Unauthorized Use or Disclosure: DE Code Title 16 §4798
Enacted 42 CFR Part 2:
42 CFR Part 2 Details:

☐ Required Notification to consumers
☑ Mandated Use of Advisory Group
☑ Payment method captured
☐ Ability to id prescriber specialty
☐ Patient consent required before PDMP data release
☐ Ability for users to set thresholds for alert notices
☐ Ability for users to do user-led alert notices
☑ Mandatory E-Prescribing (EPCS)
☑ Compliance Process for Enrollment Mandates
☑ Compliance Process for Query Mandate
☐ ICD-10 Codes Collected
☐ Deceased Patient Field
☐ Engaged in Academic Detailing
☐ Patient ID Required to be Presented to Dispenser
☑ Ability to de-id data
☑ Authority to release de-id data

De-identified data sharing conditions: written agreement between researcher and PMP

De-Identified Data Retention Details:
☐ Retain De-Identified Data

Record Retention Details:
☑ Patient Notification of Breach
☐ Written Notification of Breach

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

E-prescribing required substances:
E-prescribing exemptions/waivers:
Authority to enforce PDMP mandates: Regulatory/Licensing Board
Enrollment and Accounts

- Supervisor Review/audit of Delegate Accounts
- Number of Delegates allows:
- Auto Enroll with License Renewal or App

Enrollment Method:
Practitioner IDs for PDMP Account:

2 Factor Authentication:

Criteria for Dispensers to get account to upload data
Criteria for Prescriber delegates to get account:
Criteria for Dispenser delegates to get account:
Criteria for PAs to get account:
Criteria for Nurse Practitioners to get account:
Criteria for other users to get account:
Requirements for Patients to get PDMP Report:
Requirements for others to get PDMP Report
Criteria for Online Non-healthcare accounts:
PDMP Data for Epidemiological Purposes: Authority to Release

Law Enforcement On-line access to PDMP
Law Enforcement Written Request access to PDMP
Law Enforcement Access Method:
Law Enforcement Access Requirements: Active Investigation

- PDMP users validated with DEA Registration File
- PDMP users validated with NPI File
- PDMP users validated with State Licensing Board File
- PDMP Access without DEA Number Validation Process for users without DEA #:
Enrollment Mandates

Prescriber - Mandatory PDMP Enrollment

Effective Date(s): January 1, 2014

Details:
A prescriber who holds a controlled substance registration issued pursuant to § 4732 of this title must be registered with the Prescription Monitoring Program. A prescriber who is issued a controlled substance registration for the first time shall register with the Prescription Monitoring Program within 90 days of issuance. Failure to comply with this subsection may result in disciplinary action pursuant to § 4735 of this title.

Use Mandates

Dispenser - Mandatory PDMP Use
Prescriber - Mandatory PDMP Use

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

Details:
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. 9.5.1 If 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 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. 9.6.5 Subsequent prescriptions. Subject to the exemptions set forth in section 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: 9.6.1 Query the PMP to obtain a prescription history, and the practitioner shall query 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; 9.6.2 Administer a fluid drug screen, at the discretion of the practitioner; 9.6.3 Conduct 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; 9.6.4 Obtain 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 9.6.5 Schedule 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. 9.7 Exemptions to subsection 9.6: 9.7.1 If 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. 9.7.2 If 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. 9.8 Chronic Pain patients. In addition to the requirements of subsection 9.6, the practitioner must adhere to the following additional requirements for Chronic Pain patients: 9.8.1 Query the PMP at least every six months, more frequently if clinically indicated, or whenever the patient is also being prescribed a benzodiazepine; 9.8.2 Query 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; 9.8.3 Administer fluid drug screens at least once every six months; 9.8.4 Obtain a signed Treatment Agreement, pursuant to subsection 9.3.13; 9.8.5 Conduct a Risk Assessment as defined in subsection 9.3.10; 9.8.6 Document 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; 9.8.7 Make efforts to address psychiatric and medical comorbidities concurrently, rather than sequentially, when concurrent treatment is clinically feasible; and 9.8.8 At 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: 9.8.8.1 Adulterated drug tests; 9.8.8.2 Diversion of prescribed medications; or 9.8.8.3 The patient has obtained controlled substances elsewhere without disclosure to the physician, as evidenced by PMP data. 9.9 Practitioners treating the following patients are exempted from the requirements of this Regulation: 9.9.1 Hospice care patients; 9.9.2 Active cancer treatment patients; 9.9.3 Patients experiencing cancer-related pain; 9.9.4 Terminally ill/palliative care patients; and 9.9.5 Hospital 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.
Training on Enrollment and Use

### PDMP Queries

- Ability to search for multiple patients in one query
- Patient Query Date Range: >3 years
- Maximum number of patients in one query:
- Other Query Date Range:
- Minimum data elements to query for healthcare user:
- Query by partial data elements by healthcare user:
- Optional data elements to query by healthcare user:
- Minimum data elements to query for non-healthcare user:
- Query by partial data elements by non-healthcare user:
- Optional data elements to query by non-healthcare user:

### Unsolicited Reports/Push Notifications

- Frequency unsolicited alerts/reports generated:
- Delivery method for unsolicited alerts/reports: Notification sent via email, Report sent via email, Via internal alerts within the PMP
- Delivery method for unsolicited alerts/reports - LE: Report mailed, Report sent via email
- Delivery method for unsolicited alerts/reports - Boards: Report mailed, Report sent via email
- Unsolicited alerts/reports to practitioners not enrolled in PDMP
Veterinary Policies

Data transmission frequency for Veterinarians:
Criteria for veterinarian queries:
- Veterinarian access to owner’s prescription history

☑ Reporting Specifications
Reporting Method:
Reporting Specifications:
Data Fields:
Reporting Description:
☑ Reporting Mandate Compliance
Reporting Compliance Details:
Reporting Mandate Actions:
Reporting Issues: Veterinarian does not have a DEA or NPI number

☐ Enrollment Mandate Compliance
Enrollment Description: Veterinarians are exempted from enrollment as data requesters
Enrollment Mandate Compliance Details:
Enrollment Mandate Criteria:

☐ Query Mandate Compliance
Query Description: Veterinarians are not permitted by statute/rule/policy to query
Query Mandate Compliance Details:
Query Mandate Criteria:
PDMP Effectiveness Measures