

**STEPHEN E. BARRAR, MEMBER**  
160TH LEGISLATIVE DISTRICT

**CAPITOL OFFICE:**  
18 EAST WING  
P.O. BOX 202160  
HARRISBURG, PA 17120  
PHONE: (717) 783-3038  
FAX: (717) 787-7604

E-MAIL: [parep160@aol.com](mailto:parep160@aol.com)  
WEBSITE: [www.stevebarrar.com](http://www.stevebarrar.com)



**House of Representatives**  
Commonwealth of Pennsylvania  
Harrisburg

**COMMITTEES:**

VETERANS AFFAIRS &  
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LIQUOR CONTROL  
JOINT LEGISLATIVE BUDGET & FINANCE

**CAUCUSES:**

SCHOOL PROPERTY TAX RELIEF

**TO:** Members, House Professional Licensure Committee

**FROM:** Rep. Barrar, Chairman, Veterans Affairs & Emergency Preparedness Committee 

**DATE:** Monday, September 17, 2012

**RE:** Comments on House Bill 1635

Chairman Harhart and members of the House Professional Licensure Committee, I thank you for your consideration of House Bill 1635, which deals with tamper resistant pain medications. Unfortunately, I had previously scheduled a meeting of the Veterans Affairs Committee in Pittsburgh and am unable to be in attendance.

Prescription drug abuse is a growing problem not only in Pennsylvania, but nationwide. Data indicates that approximately 65.3% of pain medicine abusers get drugs from friends or relatives; 17.6% from a doctor; and another 5% are stolen from friends and relatives. Addicts are typically looking for a quick high and will often crush extended release pain products, and then snort or inject the active ingredient, which is designed instead to be slowly released in the body over an extended period of time.

In response to abuse, the FDA and federal legislators asked pharmaceutical manufacturers to develop products that were less likely to be abused. As a result, there are now multiple drugs on the market and many more in the pipeline. These products have been developed with the goal of preventing abuse. And more important, it appears as though street demand for drugs with the new technology has dropped significantly.

It's important to note that the bill does not require health care providers to prescribe TRFs, but for those cases where the provider believes a TRF is the most appropriate medication for a patient, it prevents the pharmacist from automatically substituting a TRF with a non-TRF without first checking with the prescriber.

In PA there are two scenarios where the patient might not get the medication prescribed by the provider. First, we have a mandatory generic substitution law that requires pharmacists to substitute when a generic is available. The problem in this case, is that the generic might not include the tamper resistant technology. Second, insurance company formularies might require substitution with either a brand or a generic. In those situations, we're simply stating that the pharmacists must get the approval of the treating health care provider before switching.

PA law does allow prescribers to write "brand medically necessary," but H.B. 1635, grants more flexibility for the pharmacists, by allowing substitution with other tamper resistant products. If the prescriber writes "brand medically necessary," the pharmacists may not substitute, even if the other product is tamper resistant.

H.B. 1635 will not prevent all types of abuse, nothing will, but it is a step in the right direction. Prescription drug abuse is a serious problem and it's important for legislators to support efforts to reduce abuse.

Thank you for your consideration.

SEB/lbf

**Supporters of H.B. 1635:**

American Academy of Pain Management

American Society for Pain Management Nursing

National Association of Drug Diversion Investigators, Inc.

American Chronic Pain Association

U.S. Pain Foundation

Kidney Cancer Association

CLAAD – Center for Lawful Access and Abuse Deterrence

