

## In Brief

From staff and wire reports

### Training expanded for painkiller abuse

**WORCESTER, Mass.** — At first, the woman tried to hide her painkiller problem. She told the doctor that she still had pain from her past pregnancy, and that she just wanted a refill on her pain medication.

After a few questions, though, she admitted that a friend had sold her some Oxy Contin, and that she'd stolen pills from another friend.

The interaction was all staged, with the patient played by an actor and the doctor played by a medical student last month. The exercise was part of a daylong boot camp at the University of Massachusetts Medical School designed to help physicians in training identify and fight opi-oid abuse.

"There's a lot at stake here. We have a public health epi-demic, and it's not getting bet-ter, and the health care profes-sion is part of the problem," said Michele Pugnaire, the med-ical school's senior associate dean for educational affairs.

Medical schools nationwide are rethinking their training on opioids amid rising overdose deaths. Schools are taking action after critics said they had inadvertently contributed to addiction problems. Federal health experts say that physi-cians have been prescribing addictive opioid painkillers too often, and that poor training is frequently to blame.

According to federal data, opioid painkillers were respon-sible for nearly 19,000 deaths across the U.S. in 2014, an increase of more than 400 per-cent since 2000. Heroin, by comparison, killed 10,000 peo-ple in 2014.

### Insulin pump limits worries patients

Stephanie Rodenberg-Lewis wasn't happy with her insulin pump and finally switched two years ago to another brand. Now her health insurer is push-ing her to go back.

United Health Group Inc. has made a deal with device maker Medtronic that will slash options for diabetics who use the portable pumps, which costs thousands of dollars. The move has angered Rodenberg-Lewis and others who will be limited to three pump choices instead of nine.

Health insurers, big employ-ers and other bill payers have been trying for years to rein in costs and improve care by steering clients to certain doc-tors and hospitals. They've also restricted options for some pre-scriptions and lined up deals for smaller-ticket items like dia-betes test strips or items patients don't chose, like heart stents.

Limiting choice for medical equipment that a patient usu-ally selects is uncharted territo-ry. United Health rivals Aetna and the Blue Cross-Blue Shield insurer Anthem say they haven't done this. But experts say it could become more com-mon.

"It's unfair," said Rodenberg-Lewis, 41, a Katy, Texas, elementary school teacher who also has a teen-age son with Type 1 diabetes.

"I have this disease that I did not ask for, did not cause, and now you're telling me you're going to make the deci-sion for me (about) the device that keeps me alive?"

### Law supports first responders

**COLUMBUS, Ohio** — Until a new law was passed this spring, it was against the law in Ohio — along with many other states — for firefighters or paramedics to provide basic first aid to dogs and cats res-cued from house fires, car acci-dents or other crisis situations. Only licensed veterinarians could do that.

The legislation passed recently makes Ohio one of the first states to protect first responders who administer lifesaving aid to pets, compan-ion animals or police dogs in crisis. Animal advocates say they hope the statute, which they liken to laws protecting good Samaritans who come to the aid of injured humans, removes hesitation for first responders who might have concerns about tending to injured pets.

The law will allow first responders to, without fear of liability, provide oxygen, per-form mouth-to-snout resuscita-tion, try to stem