

## **Tobacco Cessation Program Reimbursement**

The following information is provided for the benefit of employees who elect to participate in tobacco cessation programs other than agency-sponsored programs on-site. While agencies would not pay for the cost of registration for such programs, employees should be aware that they could seek insurance plan reimbursement (up to the amount covered in their health benefits plan). In these instances, however, employees may request agency purchase of pharmacologic treatment such as nicotine replacement therapy if such therapy were in addition to the program registration cost. These employees would be considered as participating in the agency's program.

Under the Federal Employee Health Benefits (FEHB) programs, a number of insurance plans cover some costs associated with smoking cessation. Federal employees need to refer to their plan brochure for specific coverage information by reviewing your plan's coverage and selecting current plan brochures.

FEHB carriers are encouraged to provide benefits for smoking cessation that follow the Public Health Service's treatment guidelines. Consistent with these guidelines, primary care visits for tobacco cessation should be covered with the standard office visit co-payment. Individual or group counseling for tobacco cessation should be covered with no co-payment. Prescriptions for all Food and Drug Administration approved medications for treatment of tobacco use should be covered with the usual pharmacy co-payments.

Benefits vary by carrier. For example, a carrier might offer coverage for smoking cessation programs for either \$100 lifetime maximum benefit per member or one course of treatment per member per calendar year. The Prescription Drugs Benefits section of each plan's brochure specifies whether drugs to aid in smoking cessation are covered or excluded.

The PHS Guideline has produced even stronger evidence of the association between counseling intensity and successful treatment outcomes, as well as identified additional evidence-based counseling strategies such as the quit helplines.

The PHS Guideline offers the clinician many more efficacious pharmacological treatment strategies than its predecessor.

Most relapses occur soon after a person quits, although some people relapse months or years after the quit date. Therefore, specialists should work to prevent long-term risks of relapse. These interventions can occur during treatment sessions or during follow-up contacts and should:

1. reinforce the employee's decision to quit;
2. review the benefits of quitting; and
3. assist in resolving any problems related to quitting.

