BIPA 903 and Part D Waiver Request: Huron Valley PACE Program, Ypsilanti, MI

For Medicare-only beneficiaries, the sharp disparity between current PACE Part D premiums and Part D Prescription Drug Plans (PDPs) represents a major barrier to expansion of PACE enrollment in this population. In 2018, the national average annual premium paid by seniors is $420. By comparison, the 2018 Part D annual premium that must be paid by a Medicare-only participant enrolling in the Huron Valley PACE plan is $13,195.

This serves to illustrate why, currently, fewer than 300 Medicare-only elders in the U.S. are PACE participants, out of a total program enrollment of 42,000. To address the Part D cost barrier, Huron Valley PACE (HVP) has worked closely with Altarum and with Milliman, Inc., to devise an approach under which Medicare-only beneficiaries can enroll in a local Part D PDP, where premiums are significantly lower, or, if they already have a Part D PDP, to keep that. The actuarial work conducted by Milliman centers on development of a combined premium that is composed of a basic, or standard, Part D premium, and a supplemental premium that is calculated to cover Part D copays and deductibles – which HVP will pay on behalf of its Medicare-only beneficiaries in order to qualify them for discounts during the coverage gap and for catastrophic coverage. The supplemental premium amount is quite close to the expected out-of-pocket costs for a Medicare-only beneficiary enrolling in a Part D PDP serving the Ypsilanti area (see Attachment A).

In crafting this waiver proposal, we have worked within the requirements of the statutes that established both PACE and Part D. The package consists of this narrative and a Table of Contents and cover letter from HVP; an actuarial memo from Milliman detailing the financial model; and attachments on the revised policies covering enrollment, pharmacy protocols, and other processes at HVP. Together, the proposal offers robust protections for Medicare-only beneficiaries who choose to enroll in a local Part D PDP and HVP.

Specifically, HVP requests a waiver under the authority of section 903 of the Benefits Improvement and Protection Act of 2000 (BIPA) of 42 CFR Part 460.92, which requires that the PACE benefits package include, among other things, all Medicare-covered items and services, including Medicare Part D prescription drug coverage. HVP also requests a waiver under the authority of 42 CFR Part 423.458(d) of 42 CFR Part 423.30(c) of the Medicare Part D regulations, which require Medicare Part D eligible PACE participants to obtain qualified prescription drug benefits through their PACE organization.

We request the ability to coordinate with local Part D PDPs for up to 25 Medicare-only HVP participants beginning on the earliest possible date in 2018, and continuing throughout these participants' participation in HVP. HVP agrees to be fully responsible for supplying all needed medications without additional cost to the participant, just as they now are for dually eligible participants.

1. Information identifying the submitted document(s) as a waiver request:

HVP is requesting this waiver in order to provide more affordable prescription drug coverage within the PACE structure for a Medicare-only beneficiary population. For Medicare-only participants wishing to avail themselves of PACE's comprehensive care, approval of this request will offer them the option to do so without having to pay HVP the substantially higher Part D premium they are required to pay today. Similar to the approved waiver granted by CMS in July 2011, which permitted Medicare-only eligible veterans enrolled in PACE to receive their prescription drug benefits through the Veteran's Administration, (see Attachment B), HVP would permit Medicare-only beneficiaries to enroll in and receive their prescription drug coverage from a local Part D PDP if they chose to do so.

For purposes of this waiver request, HVP proposes to serve as the coordinator of Part D benefits for all Medicare-only participants who choose a local Part D PDP. The current PACE Part D plan will also continue to be offered, and participants will choose between the current plan and a local Part D PDP.

2. The regulatory provisions to be waived:

Current Status: Enactment of the Balanced Budget Act of 1997 (P.L. 105-33) established PACE as a permanent program under a capitated payment system to provide comprehensive, coordinated, all-inclusive services to eligible beneficiaries. The Centers for Medicare and Medicaid Services (CMS) regulations implementing PACE require that a PACE plan must directly furnish all Medicare and Medicaid-covered items and services:

- 42 CFR 460.92(a) *Required services.* A PACE plan must provide all Medicare-covered items and services in a comprehensive benefit package.

Huron Valley PACE is requesting a BIPA 903 waiver of 42 CFR 460.92(a), which requires a PACE plan to provide all Medicare-covered items and services, in order to allow Medicare-only participants to enroll in, or maintain enrollment in, a local Part D PDP. All payment and clinical coordination will continue to be the responsibility of HVP. If approved, Medicare-only PACE participants under the waiver will have full coverage of all needed medications without any out-of-pocket costs beyond a significantly reduced monthly premium as compared to the current HV Part D premium they must pay. The current HVP Part D plan will also continue to be offered, with participants permitted to select the option that best meets their needs.

In addition to allowing HVP to offer a choice to Medicare-only participants of a lower cost, local Part D PDP, approval of this request will allow HVP to coordinate payment of a participant's out-of-pocket Part D costs, which must be paid for beneficiaries to qualify for discounts during the coverage gap and for catastrophic coverage.

Current Status: Enactment of the Medicare Prescription Drug, Improvement, and Modernization Act (P.L. 108–173) established Medicare Part D as the source of payment for prescription drug coverage provided by PACE organizations to their participants. CMS regulations implementing Part D for PACE stipulate that:

- 42 CFR 423.30(c) *Enrollment in a PACE plan.* A PACE participant is required to obtain Part D prescription drug benefits through his/her PACE organization. A Part D eligible individual enrolled in a PACE plan that offers qualified prescription drug coverage under this Part must obtain such coverage through that plan.

HVP respectfully requests a waiver of 423.30(c) of the Medicare Part D regulations under the authoritiy of part 423.458(d) of the Medicare Part D regulations, which requires Medicare Part D eligible PACE participants to obtain qualified prescription drug benefits through their PACE organization.

Approval of this proposal will allow HVP to offer a choice to Medicare-only participants of a lower-cost, local Part D PDP, while continuing to provide complete coordination of all PACE services, including prescription drugs. HVP proposes to serve as the coordinator of Part D benefits for all participants who elect a local Part D PDP. As previously stated, HVP participants electing a local Part D PDP will be provided with the same comprehensive coverage that the existing HVP Part D plan covers – but at a markedly reduced price. Therefore, while it seems unlikely that many Medicare-only HVP participants will choose the HVP Part D plan, it will continue to be available.

3. Specific reason(s) for requesting the waivers:

Current Part D Premium Costs for Medicare-only Beneficiaries: Under current policy, PACE Part D costs constitute a disproportionately large burden for Medicare-only PACE participants. In 2017, the average PACE participant utilized 8.6 different prescriptions.[1] Prescription drugs are a significant part of the PACE plan of care for most participants. The 2018 national average monthly premium for PACE Part D plans is $680.70, in contrast to the 2018 national average monthly premium of $35.02[2] for MA-PD (Medicare Advantage plans with prescription drug coverage) and standalone PDPs. (See Attachment A, page 3, Table 2). For HVP Medicare-only participants, the Part D monthly premium for a Medicare-only participant to enroll is $1099.60 – a major disincentive (See Attachment A, page 2, Table 1). Among the factors affecting PACE Part D premiums -- and HVP in particular, which is a relatively new plan -- are a small insurance pool and a population that includes beneficiaries who sometimes require very expensive medications.

PACE plans enrolling Medicare-only beneficiaries also face increased financial risk, since these beneficiaries do not qualify for manufacturer discounted brand drugs in the Part D coverage gap, or catastrophic coverage[3] (i.e., federal reinsurance). This increases the risk that Medicare-only participants' drug costs may exceed the premium charged by the PACE plan.

To address these barriers, we propose to increase the accessibility of PACE to an eligible Medicare-only population by offering participants the option of enrolling in either the HVP Part D plan, or a lower-cost local Part D PDP. The basic premium of a local Part D PDP would be

[1] Milliman PACE Part D experience
[2] https://www.kff.org/medicare/issue-brief/medicare-part-d-a-first-look-at-prescription-drug-plans-in-2018/ Accessed 2/6/2018
[3] https://www.ncoa.org/wp-content/uploads/part-d-coverage-gap.pdf Accessed 2/21/2018

combined with an estimated monthly supplemental premium that is designed to provide 100% drug coverage for Medicare-only participants. This supplemental premium is actuarially calculated to cover all out-of-pocket expenses, in addition to a portion of HVP's administrative costs.

Participants choosing a local Part D PDP would therefore be eligible, like all other Medicare Part D beneficiaries, for manufacturer brand drug discounts in the benefit coverage gap and for federal reinsurance. These costs would be handled, tracked and accounted for by HVP. The beneficiary would pay HVP a total premium estimated to be $320.61 per month, consisting of a basic premium estimated to be $35.02, and a supplemental premium estimated to be $285.60, for a total monthly premium of $320.61. The structure and components of the premium calculations are explained in detail in the Milliman Actuarial Memorandum (see Attachment A).

In summary, the reduced cost (about 70% less costly) to Medicare-only participants enrolling in a local Part D PDP are possible because:

- The participant gains access to manufacturer brand discounts in the coverage gap through the local Part D PDP, which reduces the HVP supplemental premium.
- The participant gains access to the federal reinsurance coverage through the local Part D PDP, which reduces the HVP supplemental premium.
- The HVP administrative load and expense, in dollar terms, are much lower because the expected HVP drug cost coverage responsibility is much lower. This also reduces the HVP supplemental premium.
- The participant benefits from a significantly lower premium because the local Part D PDP has a much larger and lower risk population, and lower administrative costs, compared with HVP.

4. Policies and Procedures

Policies and procedures put into place by the PACE organization to ensure participant care have been adjusted (see Attachments C-G). Specifically, to ensure that Medicare-only HVP participants electing the local Part D PDP option continue to have PACE's gold-standard, seamless, comprehensive care, including coordination of services and all Medicare beneficiary protections, HVP has thoroughly reviewed all current policies and procedures. HVP has made appropriate revisions, where needed, to guarantee continuity of care and complete access to all needed medications.

<u>Operational Protocols: Overview</u>

All HVP participants will be treated in an identical manner with regard to obtaining prescription drugs, including participants who are dual-eligible, Medicaid-only, Medicare-only choosing the local Part D PDP, and Medicare-only staying with the HVP Part D Plan. All PACE participants will obtain prescription drugs from the HVP contract pharmacy provider, Home Town Pharmacy, which has contracts to provide medications for all of the Medicare Part D plans that serve the area served by HVP. Medicare-only HVP participants who choose a local Part D PDP will sign an addendum to the enrollment agreement (see Attachment C, Enrollment Agreement

Addendum), which includes an agreement to use HomeTown Pharmacy. Maintaining an ongoing relationship with one pharmacy provider will ensure that HVP will continue to provide complete and coordinated care to all participants, including local Part D PDP participants. (see Attachment D, Pharmacy Provider Agreement). HomeTown Pharmacy will provide prescription drugs to participants who choose a local Part D PDP in the same manner and with the same delivery options as those for participants using the PACE Part D plan. Delivery methods are determined by the interdisciplinary team (IDT) in accordance with the PACE Plan of Care and may include prescription drugs delivered to the PACE center, delivered to the participant's home, or picked up at HomeTown Pharmacy by the participant or his or her representative. (see Attachment E, Pharmacy Policy and Procedure)

The payment process for Medicare-only participants who choose to use a local Part D PDP is outlined in Attachment F (Prescription Drug Plan Payment Policy and Procedures), which include a streamlined premium payment process with both basic and supplemental premium amounts paid by participants to HVP, which will manage premium payments to the local Part D PDP and payments to HomeTown Pharmacy. HVP and HomeTown Pharmacy will build on their current contractual relationship to assure that participants are not billed for prescriptions and all payments flow through HVP.

If a new or current participant wishes to make any change in their local Part D PDP enrollment, either at the initiation of PACE enrollment or at any other time, HVP staff will assist these individuals by providing neutral counseling and information about their options for prescription drug benefifts. For example, HVP staff will use the CMS "Plan Finder" function (https://www.medicare.gov/part-d/) to identify local Part D PDPs, and assist participants with gathering other information to help them select prescription drug coverage that efficiently meets their needs. Each participant (or the person's representative) will make the choice of which local Part D PDP to use.

Medicare-only PACE participants enrolled in a local Part D PDP will receive fully coordinated care overseen by the PACE IDT (see Attachment C). HVP will provide any prescription drug authorized by the PACE physician, in accordance with the participant's PACE Plan of Care (see Attachment F). If a medication is not part of an participant's PDP for any reason, HVP will ensure that the participant will get the medication on time and without out of pocket cost. PACE participants will have access to and, when needed, will be assisted by HVP to prepare and submit appeals to the PDP as needed to comport with their plan of care. During the pendency of appeals, their medications will be purchased by HVP as needed (see Attachment G, PACE Program Agreement - Appeal Process, pp. 73-77).

If disenrollment for non-payment becomes necessary, the process will be the same as for any other PACE participant requiring involuntary disenrollment (see Attachment G, PACE Program Agreement - Disenrollment Policy, pp. 81-85). Finally, grievance and complaint procedures will be the same for all PACE participants (see Attachment G, PACE Program Agreement – Complaint and Grievance Process, pp.78-80).

5. Point of contact for waiver:

Sonja Love Felton, Interim CEO, Huron Valley PACE, 734-756-5075 sfelton@hvpace.org

Roxanne Perry, PACE Section Manager, MI Department of Health and Human Services, 517-241-9936
perryr@michigan.gov

6. **PACE Waiver Crosswalk**

Please see Attachment H.

7. Whether the waiver request has been previously submitted:

This waiver request has not been previously submitted.

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

March 23, 2018

Kelley Ordonio
The Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21224-1710

Dear Ms. Ordonio:

The Michigan Department of Health and Human Services (MDHHS) has received a waiver request from Huron Valley PACE (H4118). The waiver request is to allow Medicare-only participants to access lower cost prescription drug coverage. PACE regulations for which the waiver is requesting are the following:

- Waiver of 42CFR 460.92(a)-Requirement for a PACE plan to provide all Medicare covered services.
- Waiver of 42CFR 423.30(c) of the Medicare Part D regulations under the authority of section 423.458(d)-Requirement that Medicare Part D eligible PACE participants obtain qualified prescriptions through their PACE organization.

The Michigan Department of Health and Human Services, Medical Services Administration supports and approves of the Huron Valley Medicare Part D waiver request.

Should you have any questions of concerns regarding the waiver request, please contact Roxanne Perry of my staff at 517-241-9936.

Thank you for your assistance in this matter. We look forward to approval of the waiver request.

Sincerely,

Kathleen Stiffler, Acting Director
Medical Services Administration
Michigan Department of Health and Human Services

PACE Association of Michigan

March 22, 2018

Kathy Stiffler
Michigan Department of Health and Human Services
Acting Director Medical Services Administration
400 Pine St.
Lansing, Michigan 48933

Dear Kathy,

On behalf of the PACE Association of Michigan, I write in support of the waiver request submitted by the Huron Valley PACE (HVP) program of Ypsilanti, Michigan. This innovative proposal was crafted under the authorities of section 903 of the Benefits Improvement and Protection Act of 2000 (BIPA) and section 423.458(d) of the Medicare Part D regulations. This approach represents a smart, strategic solution to current very high prescription drug premiums for Michigan Medicare-only beneficiaries wishing to enroll in PACE. It also follows in the footsteps of a groundbreaking waiver that was granted in July 2011 to Medicare-eligible veterans enrolled in PACE programs across the country.

As proposed, the HVP waiver would permit Medicare-only PACE participants to retain their existing Part D Prescription Drug Plan (PDP) at the time they enroll (or to choose a different local Part D PDP), rather than being required to drop it in order to enroll in PACE. Those selecting a local Part D PDP would pay Huron Valley a combined basic and supplemental Part D premium. This premium is designed to cover all medication costs, including copayments and deductibles that the Part D statute requires in order for beneficiaries to qualify for discounts during the coverage gap, and for catastrophic coverage. Estimated at $320 per month, the combined premium is an actuarially calculated amount that is quite close to the expected out-of-pocket costs for a Medicare-only beneficiary. With regard to administration, HVP would have responsibility for all medications and their costs for those selecting a local Part D PDP.

Under current burdensome regulations, Medicare-only HVP participants must pay a disproportionately high monthly premium for their Part D prescription drug benefits. In Ypsilanti, Michigan, the annual amount is **$13,195** in 2018. If instead, HVP participants are offered a choice of enrolling in (or keeping) a local Part D PDP, those choosing this option would see their annual drug coverage costs would fall to **$3,840.**

As the nation's population ages and many more Medicare beneficiaries need long-term supports and services (LTSS) in the community, expanding PACE's comprehensive model makes excellent economic sense. Recently, the National PACE Association (NPA) received funding from the West Health Policy Center and the John A. Hartford Foundation to plan and carry out a large-scale "PACE 2.0" initiative, which aims to increase national PACE enrollment by five-fold over the next decade by extending the program's geographic reach and expanding to new populations – particularly to Medicare-only beneficiaries. Accomplishing this across the country, including in Michigan, requires new and innovative flexibilities, and the HVP proposal is an important example of this.

If this waiver is approved by Michigan and the Centers for Medicare and Medicaid Services, HVP will be better able to serve Michigan Medicare beneficiaries who wish to enroll in PACE. If given the freedom to choose a Part D option that best meets their needs, these beneficiaries are willing and able to pay for their own prescription drug coverage, as well as for their LTSS. If proven workable and desirable, the Michigan PACE Association believes this approach may be of interest to other PACE programs in the State.

Thank you for your attention to this key issue.

Sincerely,

Rod Auton, Director, PACE Association of Michigan

March 16, 2018

ADDRESS

Dear Administrator Verma,

On behalf of the National PACE Association (NPA), I am very pleased to support the waiver request submitted by the Huron Valley PACE (HVP) program of Ypsilanti, Michigan. This innovative proposal was crafted under the authorities of section 903 of the Benefits Improvement and Protection Act of 2000 (BIPA) and section 423.458(d) of the Medicare Part D regulations. It proposes an elegant solution to current very high prescription drug premiums for Medicare-only beneficiaries wishing to enroll in PACE's comprehensive care system, and follows in the footsteps of a path-breaking waiver granted in July 2011 to Medicare-eligible veterans enrolled in PACE programs across the country.

If approved, the HVP waiver would permit Medicare-only participants to retain their existing Part D Prescription Drug Plan (PDP) at the time they enroll in HV PACE (or choose a different local Part D PDP) rather than being required to drop it in order to enroll in PACE. Medicare-only participants would be offered a choice of either enrolling in the current HVP Part D plan, or a local Part D PDP. Those selecting a local Part D PDP would pay Huron Valley a combined basic and supplemental Part D premium that is designed to cover all medication costs, including copayments and deductibles that the Part D statute requires in order for beneficiaries to qualify for discounts during the coverage gap, and for catastrophic coverage. This combined premium, estimated at $320 per month, is an actuarially calculated amount that is quite close to the expected out-of-pocket costs for a Medicare-only beneficiary. As is the case for current enrollees, HVP would have responsibility for all medications and their costs for those selecting a local Part D PDP.

Under current burdensome regulations, Medicare-only PACE participants must pay a disproportionately high monthly premium for their Part D prescription drug benefits. In Ypsilanti, Michigan, the annual amount is $13,195 in 2018. If instead, HVP participants were offered a choice of enrolling in (or keeping) a local Part D PDP, their annual drug coverage costs would fall to $3,840 in 2018. This is the crux of the pending HVP waiver request. Today, only 1% of PACE participants in the U.S. are Medicare-only, in significant part due to the extremely high cost of prescription drug coverage.[1]

As the nation's population ages and many more Medicare beneficiaries need long-term supports and services in the community, expanding PACE's comprehensive model makes excellent economic sense. NPA recently received funding from the West Institute and the John A. Hartford Foundation to plan and carry out the PACE 2.0 project, which aims to increase PACE enrollment five fold by the end of 2029. PACE 2.0 will increase the geographic reach of PACE, as well as PACE's ability to serve people in new and innovative ways. This waiver is the type of change needed to help take PACE from a program that serves only 2% of the current estimated 2 million

[1] https://www.npaonline.org/sites/default/files/PACE%20Infographic%20Feb%202018.pdf , accessed on 3/12/2018

dually eligible people in the U.S. Current PACE capacity of 40,000 will increase to 250,000 by 2029. Flexibility, like this proposed new structure for Part D services, will help meet the growing need.

In closing, NPA believes that if this waiver is approved, HVP would be better able to serve Michigan Medicare beneficiaries who can afford to pay for the comprehensive, high-quality, and efficient services PACE provides with their own funds. If proven workable and desirable, this approach may warrant expansion to other interested PACE programs.

Thank you for your attention to this key issue.

Sincerely,

Shawn Bloom
President and CEO
National PACE Association

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April 2, 2018

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

The Honorable Seema Verma
Administrator
Centers on Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar and Administrator Verma:

Please accept this letter of support for an innovative waiver proposal from a Michigan program, the Huron Valley (HV) Program of All-Inclusive Care for the Elderly (PACE). This waiver proposal is designed to address the steep costs of prescription drug coverage for Medicare-only participants who wish to enroll in PACE. PACE is an extremely popular program that helps older adults live at home by providing comprehensive healthcare services in one place. For a variety of reasons, which include a small risk pool, high administrative costs and disparate requirements in the separate laws that established PACE and the Part D program, Part D PACE plans today have exponentially higher annual premiums when compared to local Part D Prescription Drug Plans (PDPs). Addressing this discrepancy will help lower drug costs for seniors and will also help remove a major barrier to increasing enrollment in PACE.

For Medicare-only beneficiaries, the disparity between Part D premiums in PACE and PDPs represents a major barrier to PACE enrollment. To illustrate, in 2018, the national average annual premium paid by seniors for the Part D benefit is $420. In sharp contrast, the 2018 Part D annual premium paid by a Medicare-only participant enrolling in HV PACE is $13,195. (For additional detail, please see Attachment A, an actuarial analysis by Milliman, Inc. that accompanies the waiver request.)

The waiver submitted by HV PACE represents an innovative solution to this problem. The waiver, which is being submitted by HV PACE under the authorities of section 903 of the Benefits Improvement and Protection Act of 2000 (BIPA) and under section 423.458(d) of the Medicare Part D regulations, requires Medicare Part D eligible PACE participants to obtain

qualified prescription drug benefits through their PACE organization. This waiver proposal, which is described in greater detail in Attachment B, proposes the following changes:

1) Permitting Medicare-only participants to retain their existing Part D Prescription Drug Plan (PDP) at the time they enroll in HV PACE – or to choose a different local Part D PDP -- rather than forcing them to drop their PDP coverage in order to enroll in PACE, as is currently required;

2) Permitting Medicare-only participants who choose a local Part D PDP to pay HV PACE a combined basic and supplemental Part D premium that is designed to cover all medication costs, including copayments and deductibles that the Part D statute requires in order for beneficiaries to qualify for discounts during the coverage gap, and for catastrophic coverage. Under this approach, HV PACE remains responsible for all medications and their costs. This includes ensuring the ready availability of all needed medications for PDP enrollees and payment of the PDP premium, together with co-pays and deductibles, which are set at a level that is actuarially calculated to be quite close to the expected out-of-pocket costs to a Medicare-only beneficiary.

Currently, fewer than 300 of the 42,000 PACE participants across the U.S. are Medicare-only beneficiaries. This low level of enrollment in PACE is primarily due to the very costly Part D premiums that apply to these beneficiaries. To simultaneously address this barrier and to improve the reach of PACE for a rapidly growing Medicare population, the Huron Valley waiver request works within the PACE statute to preserve that program's comprehensive, seamless services and community-anchored, longitudinal care for beneficiaries who need a mix of medical care and long-term services and supports. The waiver also complies with the requirements of the Part D statute by having the PACE program pay the co-pays and deductibles on the beneficiary's behalf.

With this waiver, PACE can start to serve Medicare beneficiaries who can afford to pay for the comprehensive, high-quality, and efficient services PACE provides with their own funds. We believe that the precedent this waiver would set for PACE plans throughout Michigan and in other states is worthy of trying out. If proven workable and desirable, this approach may warrant expansion to other interested PACE programs.

I thank you in advance for your personal attention to this waiver request and ask that you give it all due consideration. Please do not hesitate to reach out to me directly or have your staff contact Greg Sunstrum at greg.sunstrum@mail.house.gov or 202-225-4071 if you have any questions or need any more information.

Sincerely,

Debbie Dingell

Debbie Dingell
Member of Congress