

The exact amount of savings to each patient has been very difficult to determine. Mr. Robert Collins, of Cobe Laboratories, has informed me that, "If the tariff was completely eliminated, we would be able to reduce our price from \$70 for 500 sheets of Cuprophane to \$62.50."

Mr. Charles Jones, of Extracorporeal Medical Specialties, Inc., states:

Our present artificial kidney (Ex-0 1 dialyzer cartridge) sells for as low as \$23.63 when purchased by customers in large quantities. We certainly feel that a reduction in the Cuprophane, if passed on to us by your supplier, would be reflected in the sales price of the cartridge. The exact savings to the user is difficult to predict, but I can safely say that it would range between 60 cents per unit and as high as \$1.50 per unit, as costs are reduced through increased production.

Last, Dr. John Sadler has informed me that:

In the Klung dialyzer which we use at the Atlanta Artificial Kidney Center, there are 34 sheets of Cuprophane. It usually requires from 36 to 40 sheets to build the dialyzer each time. Some sheets are defective and some may be damaged in assembling and have to be discarded. Thirty-six sheets of Cuprophane cost \$1.44. If this could be reduced by approximately one-fourth, this would be a savings of 30 to 35 cents to the patient. This savings would be accomplished with each treatment and twice weekly treatment would be necessary; thus, in the course of a year it would save a patient on maintenance hemodialysis, approximately \$36.

Thus far, I have only discussed the effect this bill would have directly on the patient. Hospitals and institutions carry out over 90 percent of the hemodialysis treatments in the United States. Mr. Charles Jones, in his letter, gives a description on how this measure would affect institutions:

This situation must be appraised from the immediate effect and from looking at the picture over a long term. On May 15, I checked with the Veterans' Administration and the U.S. Public Health Service, and found that the Veterans' Administration currently maintaining approximately 250 people on dialysis, and the U.S. Public Health Service was maintaining approximately 450 people. Assuming that each person was treated twice per week for 52 weeks each year, 72,800 dialyses are performed each year. Now assuming that 40 percent of these patients are treated with a coil or cartridge-type dialyzer which utilizes Cuprophane, this would equal 29,120 dialyses, and naturally, a saving of \$1.50 per dialysis would result in a total saving of \$43,680 by the Federal Government this year. I should mention also that there are another 700 to 1,500 patients being treated by dialysis and supported by sources other than the U.S. Government; this, of course, would quadruple the savings to these dialysis patients.

Looking at this picture over a long term, the U.S. Public Health Service stated that out of the 100,000 people who die from renal disease each year, 10,000 could be saved with dialysis. At the end of the first year, 86 percent are still surviving, at the end of the second year, 75 percent and from the third year on, 70 percent. When this is carried out, assuming that the Government would support all these patients, there would be nearly 48,000 people being dialyzed at the end of the 6-year period, with a count of almost 5 million treatments. Here again, if we assume that 40 percent were on a coil-type dialyzer, this would result in 2 million treatments by this method with a saving—just from the elimination of Cuprophane duty—of \$2 each or \$3,000 to the Federal Government.

The other 6 percent of treatments which are carried out with other type dialyzers in almost all cases utilize Cuprophane also, with costs ranging up to \$2 for the Cuprophane used in each treatment. Here again, if we assume that 3 million dialyses were reduced by 42 cents each or a savings of \$1,260,000 again, just from the elimination of what we suspect the duty on Cuprophane to be. Therefore, it is my definite conclusion that this particular product, when imported for use in artificial kidneys, should have its duty eliminated completely.