Reference Service, Library of Congress. In the statement, Mr. Sheldon says, "Cuprophane is the registered name of a cellulose acetate produced by the cuprous method of extrusion." Furthermore, in a letter to Mr. George Hoff of the U.S. Tariff Commission, Mr. Charles P. Jones of Extracoporeal Medical, Inc., gives a detailed chemical breakdown of Cuprophane. He goes on to give the patent numbers of Cuprophane in the United States, Germany, Great Britain and Japan. I feel the chemical composition of Cuprophane as a basic substance has been extremely well documented and is not a trade name applied by an exclusive manufacturer.

Third, the Tariff Commission seems to fear that if the tariff was to be removed on Cuprophane that this cellophane would compete with American-produced cellophane. I must differ very sharply with the Tariff Commission on this point.

Dr. James H. Shinaberger, associate chief of the chronic dialysis Unit at the Wadsworth VA Hospital in Los Angeles, Calif., states in his letter to me:

"From my own knowledge of the relative prices of American cellophane and Cuprophane, I cannot believe that Cuprophane could ever compete for nonmedical purposes with American cellophanes."

Furthermore, Dr. John H. Sadler of the Atlanta Kidney Center states in his statement to the committee: "Cuprophane is four times more expensive than any American-produced cellophane."

The Tariff Commission feels that Cuprophane should be restricted to be sold to institutions only and that we should not remove the tariff across the board. On this point, I must differ with the Commission rather strongly. Again Dr. Shinaberger states:

"I feel that restricting tariff-free entry of Cuprophane for purchase by institutions alone would be a backward step, since most of us feel that home dialysis rather than institutional dialysis is the developmental trend. The provision of a physician's prescription alone to the supplier should be acceptable evidence that a home dialysis patient will purchase Cuprophane for dialysis purposes only."

For this reason, Mr. Chairman, I believe very strongly that these objections are not valid. Cuprophane will not compete with American cellophane and American home dialysis patients badly need to purchase this Cuprophane directly from the laboratories, thereby indicating the shortcomings of the Tariff Commission's objection on this ground. I cannot see any reason why the tariff should not be completely removed from Cuprophane.

It is quite obvious that there will not be any startling reduction in cost by the passage of this legislation. Dr. John H. Sadler stated:

"This is not a large savings, but every small economy over a long period of time is critical to these people. As a matter of principle, it is unconscionable to uselessly add cost to a product which is required only for the medical care of people who would die without it. It would certainly represent an act of high principle on the part of the U.S. Congress in behalf of some otherwise disabled citizens."

In view of the foregoing, I ask that we remove any tariff which in any way hinders the purchase of the critically needed material by patients with chronic kidney disease. For the information of my colleagues, I am inserting the following letters for my colleagues' information.

(The information referred to follows:)