VETERANS' ADMINISTRATION CENTER,
Los Angeles, Calif., June 10, 1968.

Hon. BEN B. BLACKBURN,
House Office Building,
Washington, D.C.

DEAR MR. BLACKBURN: Those of us in the medical profession who are deeply involved with chronic hemodialysis as a means of prolonging life in patients with chronic renal disease are deeply appreciative of your efforts to assist us with H.R. 13419—a bill to remove tariff on Cuprophan, a cellulosic membrane.

I should like to furnish you with the following statements regarding my own experience with nearly 10,000 dialysis procedures.

1. Although intensive efforts are underway at this time to develop new synthetic membranes which are superior for hemodialysis, none appear to me to be at a practical level of development, and most certainly, none are generally available for dialysis.

2. In comparative studies, we have found that the Du Pont company's most suitable membranes for dialysis (PP 250 and PD 215) are only about 65 to 75% as permeable to urea as Cuprophan. Furthermore we observed two very unfavorable reactions to PD 215 cellophane when used for dialysis which is in no way to be considered the fault or liability of the Du Pont Company. In fact, representatives of the Du Pont Company's Film Division were most generous and cooperative with us in performing these studies. They had indicated that should any of their standard membranes prove satisfactory for hemodialysis, they would make it available for this purpose at little or no cost. We deeply appreciate their attitude, but had to conclude that their membranes were not satisfactory for this purpose.

3. The basic permeability of standard PT 150 Cuprophan (Bennberg, West Germany) is so high that no type of dialyzer (artificial kidney) yet developed is in itself efficient enough to fully utilize the full permeability of Cuprophan. This simple fact has made some of us wonder whether the cost of developing under research and contract grants new synthetic membranes for dialysis is really warranted until dialyzer design is advanced to the point of fully utilizing the permeability of the already available and very satisfactory Cuprophan.

4. We regret that no American cellulosic membrane currently available is as suitable for dialysis as Cuprophan. We use Cuprophan because it reduces dialysis time 15–20% and we feel that in order to make our patients' lives as nearly normal as possible, unnecessary prolongation of dialysis time must be avoided.

5. I feel that eliminating the tariff on Cuprophan would substantially reduce the cost of dialysis since it is an ongoing recurrent expense which cannot currently be avoided.

6. From my own knowledge of the relative prices of American cellophane and Cuprophan, I cannot believe that Cuprophan could ever compete for non-medical purposes with American cellophanes.

7. I feel that restricting tariff-free Cuprophan 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 Cuprophan for dialysis purposes only.

I hope that these comments may prove helpful to you. These opinions, of course, are my own and do not in any way represent any official Veterans' Administration policy or opinion.

Best wishes for success in your endeavor,

JAMES H. SHINABERGER, M.D.,
Associate Chief, Chronic Dialysis Unit, Wadsworth VA Hospital.

COBE LABORATORIES, INC.,
Denver, Colo., June 3, 1968.

Congressman BEN BLACKBURN,
U.S. House of Representatives,
Washington, D.C.

DEAR CONGRESSMAN BLACKBURN: We are most gratified to be in a position of supplying additional information which will result in lowering the cost of chronic hemodialysis treatment. We would like to repeat that we will pass along the savings to our customers when our purchase cost reflects the elimination of the tariff. (See Exhibit I).