Good Samaritan Hospital, Phoenix, Arizona.
Mayo Foundation, Rochester, Minnesota.
Cedars-Sinai Medical Center, Los Angeles, California.
County of Los Angeles, California.
Dallas County Hospital District, Dallas, Texas.
University of Alabama, Birmingham, Alabama.
Grady Memorial Hospital, Atlanta, Georgia.
Duke University, Durham, North Carolina.
United States Public Health Service Hospital, New Orleans, Louisiana.
Montreal General Hospital, Montreal, Quebec.

We, the undersigned, urge the passage of H.R. 13419, a bill proposing the removal of import tariff on cellophane (Cuprophane) membranes used in kidney dialysis.

GLENNITA SMITH,
Nashville V.H., Dialysis Unit
(and 20 others).

EXTRACORPOREAL MEDICAL SPECIALTIES, INC.,
Mount Laurel Township, N.J., May 21, 1968.

Congressman BENJAMIN B. BLACKBURN,
House Office Building,
Washington, D.C.

DEAR CONGRESSMAN BLACKBURN: At the request of Mr. Drew Tidwell, I am setting forth in this letter the reasons why I believe it would be advantageous to have the import duties eliminated on Cuprophan membrane, which is manufactured by the J. P. Bemberg Company of Wuppertal, Germany. It is imported to be used in the manufacture of dialyzers which are used in the treatment of chronic renal failure.

Very important is the fact that we do not import Cuprophan directly. We use Cuprophan exclusively in our new EX–01 dialyzer cartridge, however, we purchase it from a Mr. Vitalis Von Plato of 497 Maplewood Road, Springfield, Pennsylvania, 19064, and I would like to point out that any reduction in the selling price of our cartridge can only come about if the elimination of duty were to be passed on to us by Mr. Von Plato. Although we have worked with the German Consulate, the U.S. Commerce Department, and directly with the J. P. Bemberg Company, we have no idea what the import charge on Cuprophan is, and we have encountered great difficulty with the Bemberg Company in our attempts to insure adequate supplies at reasonable prices.

Our present artificial kidney (EX–01 dialyzer cartridge) sells for as low as $23.63 when purchased by the customer in large quantities. We certainly feel that a reduction in the duty on Cuprophan, if passed on to us by our supplier, would be reflected in the sales price of the cartridge. The exact saving to the user is difficult to predict, but I can safely say that it would range between $.60 per unit and as high as $1.50 per unit, as costs are reduced through increased production.

What does this mean to the U.S. Government? You must appraise the situation from the immediate effect and from looking at the picture over a long term. On May 15th I checked with the Veterans Administration and the U.S. Public Health Service, and found that the Veterans Administration was 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% of these patients are treated with a coil or cartridge type dialyzer which utilizes Cuprophan, 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 1500 patients being treated by dialysis and supported by sources other than the U.S. Government; this, of course, would quadruple the saving 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% are still surviving, at the end of the second year, 75%, and from the third year on, 70%. 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 six year