June 22, 2017

The Honorable Roy Blunt  
Chairman  
Labor, Health & Human Services, Education & Related Agencies Sub.  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member  
Labor, Health & Human Services, Education & Related Agencies Sub.  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

The Honorable Tom Cole  
Chairman  
Labor, Health & Human Services, Education & Related Agencies Sub.  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Rosa DeLauro  
Ranking Member  
Labor, Health & Human Services, Education & Related Agencies Sub.  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairmen Blunt and Cole and Ranking Members Murray and DeLauro,

Thank you for your leadership in support of important federal programs benefitting the bleeding disorders community. As a manufacturer of plasma-derived medicines used to treat patients with hemophilia and Von Willebrand disease (VWD), Grifols encourages continued support in FY18 for Hemophilia Treatment Centers (HTCs) funded through the Special Projects of National Significance (SPRANS) program under the Maternal and Child Health Block Grant of the Health Resources and Services Administration.

Hemophilia is a rare, chronic bleeding disorder that affects approximately 20,000 people in the United States. VWD is a related disorder that impacts up to 1 million Americans. Starting in 1974, Congress has provided critical funding to HTCs to facilitate access to comprehensive, patient-centered care for individuals with bleeding disorders. The current level of funding for HTCs through the SPRANS program is $4.9 million.

Hemophilia Treatment Centers provide essential services for patients through the coordination of care by hematologists, orthopedists, dentists, pathologists, nurses and other providers. HTCs serve as specialty medical homes for bleeding disorders patients and provide multidisciplinary services such as physical therapy assessments, social work and case management.

Studies by the Centers for Disease Control and Prevention have shown that mortality and hospitalization rates are 40% lower in patients who use HTCs compared to those who do not. This is true despite the fact that more severely affected patients are more likely to be seen in
HTCs. Moreover, a 2013 patient survey found that 90% of 4000 respondents felt that the services offered by HTC met their needs.

Full funding for SPRANS/HTC in FY18 will help ensure this vulnerable patient community continues to receive high quality care and services. Thank you again for your support of these important programs and your consideration of our views.

Sincerely,

Gavin Lindberg
Senior Director, Government Affairs