

**Statement**  
  
**of the**  
  
**Alliance for Home Dialysis**  
  
**for the**  
  
**United States Senate Special Committee on Aging**  
  
**“Preparing for Disasters: Unique Challenges Facing Older Americans”**  
  
**May 14, 2025**

The Alliance for Home Dialysis appreciates the opportunity to contribute a statement for the record in connection with the Senate Special Committee on Aging’s hearing: Preparing for Disasters: Unique Challenges Facing Older Americans. We are encouraged by the Special Committee’s interest in this important issue, which is a top concern for patients with End-Stage Renal Disease (ESRD), especially those on home dialysis.

The [Alliance](#) is a coalition of kidney dialysis stakeholders representing individuals with kidney failure, clinicians, providers, and industry. We have come together to promote and advance policies to facilitate treatment choices in dialysis care while addressing systemic barriers that limit access for individuals with kidney failure and their families to the many benefits of home dialysis. We believe that every patient—regardless of age—should be given the opportunity to pursue home dialysis if that is what they have decided alongside their care team.

About 815,000 Americans are currently living with kidney failure, and about 555,000 are on dialysis, whether in a dialysis center or on a home dialysis modality.<sup>1</sup> Kidney disease falls within the top ten causes of death in US. According to the United States Renal Data System (USRDS), ESRD incidence is significantly higher among older age groups, particularly those aged 65 and older. In addition, the data shows that incidence of comorbidities like diabetes, heart disease, and other diseases, also rise with age.

Home dialysis is an increasingly valuable treatment option for many older Americans. According to the USRDS, the rate of new home dialysis patients aged 75+ almost doubled over the last decade from 6.1% to 11.6%— a significant leap. While some potentially age-related factors like cognitive decline and frailty can impact whether a patient is suited for home dialysis, the benefits of home modalities are often striking and include reduced travel burden to the clinic, performing sessions in

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<sup>1</sup> <https://www.kidneyfund.org/all-about-kidneys/quick-kidney-disease-facts-and-stats>

a familiar and calm environment, better health outcomes, and increased freedom to pursue social activities, hobbies, and retain independence. Further, prescriptions can often be tailored to be more appropriate for older adults or options for assisted dialysis or care partners can be explored.<sup>2</sup>

Performing home dialysis requires specific medical supplies, like dialysis fluid, needles, tubing, and a dialysis machine, which are delivered to the patient's home at set intervals. In addition, home dialysis requires access to safe water, electricity, and ideally, the internet to allow for contact with the care team. Natural disasters can impede access to all of these things and negatively impact a patient's ability to perform their treatment. Sometimes this means patients have to go in-center to perform dialysis during the time of the disaster; other times, this is not even an option due to impossibilities in travel, challenges due to evacuations, and more.

In fact, during last year's Hurricane Helene, Baxter, a major manufacturer of both IV and dialysis solutions (and Alliance member) was significantly impacted by flooding. The factory was ultimately closed for a number of days. While Baxter moved quickly to get production lines back up and running, immediately collaborated with FDA and other agencies, and took other action to address the devastating damage, this experience serves as a good reminder that disasters are unpredictable, can directly impact patients, and must be prepared for as best as possible.

We also want to share specific insights with you from home dialysis patients who have been impacted by natural disasters:

- Martine from California explained to us that she experienced a time when her local drinking water was unsafe to use. Due to this, she had to switch the type of fluid bags that she used for her treatments. When the water became safe again, she had a very difficult time switching back to her preferred supply option and received thousands of the incorrect item to her home.
- Shameka from Florida told us that she has lived through two hurricanes performing home dialysis with both flooding and a loss of power. No one could get to her neighborhood to deliver her home dialysis supplies and she was even forced to go in-center for treatment.
- Pedro from South Carolina said that he has been impacted by the saline shortage due to Hurricane Helene and has also had a difficult time accessing needles.

Thankfully, there are options to address many of these challenges, and Congress is in a position to do so. One major item would be federally incentivized programs to increase buffer stock, or an inventory surplus of key home dialysis supplies that manufacturers or retailers would keep on hand to meet unexpected need during emergencies. Buffer stock can meet critical gaps during supply chain disruptions and provide a lifeline for patients who want to continue their treatments as prescribed.

In addition, the Alliance is supportive of vendor managed inventory contracts between suppliers and the federal government, which would help manufacturers respond immediately to natural

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<sup>2</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC9972827/#bib3>

disasters and ensure that access to critical supplies is not disrupted. Because it is difficult to physically stockpile fluids and other necessary home dialysis supplies, due to expiration dates, these contracting arrangements can be particularly helpful as they allow suppliers to ramp up production to meet agreed upon targets at exactly the right time.

We commend your commitment to safeguarding the health and dignity of older Americans, particularly in times of crisis. The Alliance for Home Dialysis stands ready to collaborate with the Aging Committee to advance policies that prioritize the needs of all patients, but especially older Americans, with kidney disease.