



February 17, 2026

Re: Request for Information - Protecting Americans from all-Hazards Preparedness Act

Dear Representatives Neal Dunn and Lori Trahan:

On behalf of our coalition of patient groups, clinical societies, dialysis providers, and innovators, the Alliance for Home Dialysis (Alliance) thanks you for the opportunity to respond to the Request for Information (RFI) on the reauthorization of the Protecting Americans from all-Hazards Preparedness Act (PAHPA).

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 expand treatment choices and remove systemic barriers to the many benefits of home dialysis. We believe that every patient should be given the opportunity to pursue home dialysis in partnership with their care team.

We appreciate your ongoing efforts to support preparedness and response priorities.

1. Suggestions for the following US government programs:

- Administration for Strategic Preparedness and Response (ASPR)
- Strategic National Stockpile (SNS)

2. Elaborate on the topics that were chosen:

Over the past few decades, home dialysis uptake in the US has grown, in large part due to policy changes that incentivize access and government support for the modality. From 2012 to 2023, the latest years for which we have data, the percentage of incident (newly diagnosed) end-stage renal disease (ESRD) patients performing home dialysis increased by over 60%, from 9.4% to 15.0%.¹ This growth is encouraging, but it makes it even more important than ever to consider how natural disasters and supply chain interruptions can negatively impact home dialysis

¹ <https://usrds-adr.niddk.nih.gov/2025/end-stage-renal-disease/3-home-dialysis>

patients in particular. Unlike dialysis centers, which typically have built-in emergency protocols and resources to respond to disaster situations, home dialysis patients depend on consistent access to electricity, clean water, and medical devices and supplies to follow their treatment plans. Natural disasters and/or emergency situations 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 for dialysis during the disaster; other times, this is not even an option due to travel difficulties, evacuations, impacted facilities, and community shortages.

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

Home dialysis, therefore, requires robust planning for emergency situations and the development of preparedness and response policy solutions to ensure that patients can continue to perform their life sustaining treatments during times of crisis. Both Congress and the Executive Branch have opportunities to enact policies that can protect crucial access to medications, supplies, and devices during times of need. In short, home dialysis is uniquely vulnerable to disruptions in the supply chain, and these patients must be protected.

The following ideas are supported by the Alliance:

Federal Support for Virtual Buffer Stock

The Alliance urges the federal government to actively support, through existing preparedness and response authorities, efforts by private companies to create virtual buffer stocks of essential medical products, like dialysate (the special fluid used in dialysis), for use during times of disaster. These virtual reserves are essential to protecting patient care when supply chains are disrupted. Virtual buffer stock typically refers to a digitally managed system of reserve supplies, medications, or medical devices that are not stored in a single location but managed across a network of suppliers. These items can then be easily and efficiently deployed to areas of need when disaster strikes. Further, by spreading out the locations of buffer stock, manufacturers can avoid catastrophic impact should a natural disaster directly impact a plant or other facility. And because items can be sourced from the nearest location to the disaster, response times can be reduced, leading to quicker interventions for patients.

Vendor Managed Contracts

The Alliance supports vendor-managed inventory contracts between medical supply manufacturers and the federal government. These contracts would enable manufacturers to rapidly respond to natural disasters and ensure uninterrupted access to critical medical supplies. Stockpiling essential supplies such as dialysis fluids is difficult due to their limited shelf life. These contracting arrangements can be particularly helpful to home dialysis patients, as they allow suppliers to “scale up” production and distribution precisely when needed, rather than relying on pre-positioned stockpiles that may expire.

Other Interventions

- Prioritize medical supply deliveries over normal consumer goods during and after a natural disaster through federal partnerships with delivery services and manufacturers.
- Cross-reference home dialysis patient registries with disaster areas to ensure rapid response.
- Include provisions dedicated to home dialysis patients in FEMA materials and CDC preparedness planning.
- Consider the creation of a government-sponsored centralized online portal for communications related to supply disruptions and shortages during times of disaster.

3. Policy suggestions that do not fit within one of the currently authorized programs or initiatives from #1:

Home dialysis expands choice and quality of life, but it also shifts critical infrastructure dependence to the patient’s home. PAHPA should recognize home dialysis patients as a uniquely at-risk population during disaster events and ensure response policies reflect that reality. The Alliance supports concepts like:

- Temporary waivers and billing flexibility so home patients can receive in-center dialysis from the closest available provider during emergencies without administrative barriers.
- Coverage for emergency supply extensions (accelerated refills or extra supplies) when a storm is forecasted/ certain risk thresholds are met.
- Establish minimum preparedness expectations for home dialysis programs like patient education, emergency contact pathways, backup plans, supply guidance, and more.
- Direct DHS or FEMA to establish emergency logistics prioritization for essential medical supplies (dialysis fluids, disposables, PD solutions) with major carriers.

4. Views on if any of the current programs or initiatives are duplicative to already existing efforts.

5. Your top three priorities for 2026 PAHPHA reauthorization in order of preference.

1. The creation of “virtual” buffer stocks of necessary medical products, like dialysate for use during disaster situations. These virtual reserves are essential to protecting patient care when supply chains are disrupted.
2. Vendor-managed inventory contracts between medical supply manufacturers and the federal government. These contracts would enable manufacturers to respond quickly during natural disasters and help ensure patients have uninterrupted access to necessary medical supplies.
3. Support increased payment and coverage flexibilities that follow the patient so home patients are able to receive care in a dialysis facility with minimal burden during a disaster and then return to home therapy when appropriate (e.g. most home dialysis patients use PD. Facilities can often add HD capacity, but patients need coverage flexibilities both to place an HD catheter and to receive dialysis facility care).