

Dr. Kam Kalantar-Zadeh, Chief of the Division of Nephrology and Hypertension at the UC Irvine Health School of Medicine, says providers that want to deploy mobile dialysis units after natural disasters should be reimbursed. He is also a medical director for a local Fresenius dialysis center.

Kalantar-Zadeh thinks CMS' concern regarding water safety is important, but he also believes mobile units in the United States can provide safe treatment if given the chance, as they've done in India and Brazil. As long as companies are willing to address those safety concerns, CMS should work with them, he said.

"We need CMS policies and rules around disaster prep [for dialysis] sooner rather than later," Kalantar-Zadeh said. "But it's a very sophisticated issue. It has to be done correctly."

<https://www.statnews.com/2017/09/21/mobile-dialysis-natural-disasters/>

[Health](#)

Mobile dialysis could save lives in a disaster. But is there a cost to safety?

By [Max Blau @maxblau](#)

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Natural disasters, such as Hurricane Harvey in Houston, can disrupt care for people who need dialysis treatment. *Joe Raedle/Getty Images*

The calls started coming in the days after Hurricane Sandy. Flooded dialysis centers had shuttered across New York and New Jersey. Some patients and practitioners didn't know where to turn. So they dialed Anita Chambers.

"It was difficult to hear stories of patients being driven four to eight hours to find a center that could take them," Chambers, said recalling the 2012 superstorm. "There were centers open that had all the patients in the day — seeing *these* patients in the middle of the night."