

HB 2622 STAFF MEASURE SUMMARY

House Committee On Health Care

Prepared By: Oliver Droppers, LPRO Analyst

Meeting Dates: 2/2

WHAT THE MEASURE DOES:

Requires ambulatory surgical centers and hospitals to use a smoke evacuation systems during surgical procedures likely to generate surgical smoke.

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

According to the National Institute for Occupational Safety and Health (NIOSH), surgical smoke refers to small-particulate matter created by lasers or electrosurgical devices that destroy tissue, which creates a smoke byproduct. Research indicates surgical smoke can contain toxic gases and vapors, and at high concentrations can cause ocular and upper respiratory irritation, headache, cough, and asthma an asthma-like symptoms among health care professionals (i.e., surgeons, nurses, surgical technologists, among others). NOISH research indicates two approaches for controlling surgical smoke: ventilation and work practices. The two most common ventilation techniques are smoke evacuators, which filter and remove surgical smoke, and room suction systems, designed to also ventilate surgical smoke. Training techniques may involve training staff on methods to minimize exposure and use of proper personal filtration masks (respiratory protection) to prevent inhalation of surgical smoke.

In June 2018, Rhode Island became the first state to enact legislation requiring all hospitals and ambulatory surgery centers use a smoke evacuation system for relevant surgical procedures. Colorado enacted similar legislation in March 2019, and several states are also considering legislation.

House Bill 2622 requires hospitals and ambulatory surgical centers to use a smoke evacuation system to safeguard against any adverse health effects of surgical smoke.