



May 20, 2021

Senate Committee on Health Care
900 Court St. NE
Salem, Oregon 97301

RE: Opposition to HB 2622 A

Chair Patterson, Vice-Chair Knopp, and Members of the Committee,

My name is Dr. Dann Leonard and I am a plastic surgeon practicing in Salem. On behalf of WVP Health Authority, which represents more than 500 primary care doctors and specialists serving Marion and Polk Counties, I'm writing in opposition to HB 2622 A.

Medicine is a field of science, and we move forward with scientific evidence as our guide. **Despite decades of experience with electrocautery units, no study exists that confirms any harmful outcomes for humans from surgical smoke.**

The plain language of the A-Engrossed bill goes beyond a requirement to use suction in the operating room or near the surgical site. The definition of "smoke evacuation system" in the bill would require these be integrated with the electrocautery unit. This equipment creates a drag on the surgeon's hand, with the same mechanical effect of wearing gloves that are too large. This is not ideal when cutting around sensitive areas like the face when precision is most important.

In the public hearing, proponents said alternative smoke evacuation methods, such as a tube clipped near the surgery site, are acceptable. **If this is the true intention of the bill, it should be clearly spelled out. We suggest simplifying the definition of "smoke evacuation system" by deleting from lines 10-11 "~~before the smoke makes contact with the eyes or the respiratory tract of the occupants of a room.~~"**

Section 2(2) allows flexibility in selection of a system that accounts for surgical techniques and procedures vital to patient safety. However, without clarifying the definition of smoke evacuation system, that flexibility is severely limited.

Please know this request is not about resistance to change or even the cost of new equipment. It is about allowing surgeons and their teams to ensure the best patient outcomes.

Sincerely,

Dann Leonard, MD