

HB 2622 A STAFF MEASURE SUMMARY

Carrier: Rep. Schouten

House Committee On Health Care**Action Date:** 04/13/21**Action:** Do pass with amendments. (Printed A-Eng.)**Vote:** 9-0-1-0**Yeas:** 9 - Alonso Leon, Campos, Dexter, Hayden, Moore-Green, Noble, Prusak, Salinas, Schouten**Exc:** 1 - Drazan**Fiscal:** No fiscal impact**Revenue:** No revenue impact**Prepared By:** Oliver Droppers, LPRO Analyst**Meeting Dates:** 2/2, 4/13**WHAT THE MEASURE DOES:**

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

ISSUES DISCUSSED:

- Surgical procedures and generation of surgical smoke
- Education campaign to increase awareness and best practices among hospitals regarding surgical smoke
- Regulatory authority of Oregon Occupational Safety and Health Administration (OSHA) to enforce compliance
- Tools, equipment, and devices to remove surgical smoke
- Statutory requirements compared to professional best practices among health care providers

EFFECT OF AMENDMENT:

Clarifies definition of "smoke evacuation system." Allows a hospital or ambulatory surgical centers to select any smoke evacuation system that accounts for surgical techniques and procedures vital to patient safety.

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 or asthma-like symptoms among health care professionals (i.e., surgeons, nurses, surgical technologists, among others). NIOSH 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 A requires hospitals and ambulatory surgical centers to use a smoke evacuation system to safeguard against any adverse health effects of surgical smoke.