



Senate

General Assembly

File No. 84

February Session, 2022

Substitute Senate Bill No. 89

Senate, March 23, 2022

The Committee on Public Health reported through SEN. DAUGHERTY ABRAMS of the 13th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING SURGICAL SMOKE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (*Effective July 1, 2022*) (a) As used in this section:
- 2 (1) "Hospital" means an establishment licensed pursuant to chapter
3 368v of the general statutes for the lodging, care and treatment of
4 persons suffering from disease or other abnormal physical or mental
5 conditions;
- 6 (2) "Outpatient surgical facility" means any entity, individual, firm,
7 partnership, corporation, limited liability company or association, other
8 than a hospital, licensed pursuant to chapter 368v of the general statutes
9 to engage in providing surgical services or diagnostic procedures for
10 human health conditions that include the use of moderate or deep
11 sedation, moderate or deep analgesia or general anesthesia, as such
12 levels of anesthesia are defined from time to time by the American
13 Society of Anesthesiologists, or by such other professional or accrediting

14 entity recognized by the Department of Public Health;

15 (3) "Surgical smoke" means the by-product of the use of an energy-
16 generating device during surgery, including, but not limited to, surgical
17 plume, smoke plume, bioaerosols, laser-generated airborne
18 contaminants and lung-damaging dust. "Surgical smoke" does not
19 include the by-product of the use of an energy-generating device during
20 a gastroenterological or ophthalmic procedure, which by-product is not
21 emitted into the operating room during surgery; and

22 (4) "Surgical smoke evacuation system" means a system, including,
23 but not limited to, a smoke evacuator, laser plume evacuator or local
24 exhaust ventilator that captures and neutralizes surgical smoke (A) at
25 the site of origin of such surgical smoke, and (B) before the surgical
26 smoke makes contact with the eyes or respiratory tract of any person in
27 an operating room during surgery.

28 (b) Not later than January 1, 2023, each hospital and outpatient
29 surgical facility shall develop a policy for the use of a surgical smoke
30 evacuation system to prevent a person's exposure to surgical smoke.
31 Not later than October 1, 2023, each hospital and outpatient facility shall
32 implement such policy and, upon request, provide a copy of such policy
33 to the Department of Public Health.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2022	New section

PH Joint Favorable Subst.

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill, which requires hospitals and certain outpatient surgical facilities to develop and implement a policy regarding a surgical smoke evacuation system, results in no fiscal impact to the state. The University of Connecticut Health Center has such a system in all applicable spaces and therefore no additional resources will be necessary to either develop or implement the policy.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sSB 89*****AN ACT CONCERNING SURGICAL SMOKE.*****SUMMARY**

This bill requires each licensed hospital and outpatient surgical facility, by January 1, 2023, to develop a policy for using a surgical smoke evacuation system to prevent exposure to surgical smoke. By October 1, 2023, these facilities must implement the policy and, upon request, provide a copy to the Department of Public Health.

Under the bill, “surgical smoke” is the by-product of using an energy-generating device during surgery, such as surgical or smoke plume, bioaerosols, laser-generated airborne contaminants, or lung-damaging dust. But the term excludes by-products produced during gastroenterological or ophthalmic procedures which are not emitted into the operating room during surgery.

A “surgical smoke evacuation system” is a system, such as a smoke or laser plume evacuator or local exhaust ventilator, that captures and neutralizes surgical smoke (1) at the smoke’s site of origin and (2) before the smoke contacts the eyes or respiratory tract of anyone in an operating room during surgery.

EFFECTIVE DATE: July 1, 2022

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 31 Nay 0 (03/11/2022)