

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: SB-89

Title: AN ACT CONCERNING SURGICAL SMOKE.

Vote Date: 3/11/2022

Vote Action: Joint Favorable Substitute

PH Date: 3/7/2022

File No.: 84

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

Surgical smoke is a by-product produced by certain devices used in surgical procedures. This smoke is an irritant to the eyes and respiratory tract which can impact anyone in an operating room during a surgery. The bill requires that each hospital and outpatient facility develop a policy for the use of a "surgical smoke evacuation system" to capture and neutralize surgical smoke by January 1, 2023. Such plans must be implemented by October 1, 2023 and, if requested, a copy of the plan provided to the Department of Public Health (DPH). These systems would reduce exposure to surgical smoke for staff and patients and reduce the health risk.

Substitute language exempts gastroenterological and ophthalmic procedures from the surgical smoke requirements in this bill. Such procedures either do not produce smoke or have a system in place by which the smoke is removed through different means.

RESPONSE FROM ADMINISTRATION/AGENCY:

Nicole Klarides-Ditria, State Representative, 105th District:

Representative Klarides-Ditria believes this is an important bill because implementation of surgical smoke evacuation systems reduces the risk of staff and patient exposure to harmful gases and vapors while removing the risk of obstructed views due to surgical smoke. Implementation of these systems would address OSHA compliance requirements and improve the environment of the operating room.

NATURE AND SOURCES OF SUPPORT:

David Bass, MD:

Surgical smoke contains numerous toxic gases and vapors putting the staff and patients at risk. In his practice as a plastic and reconstructive surgeon for 46 years, Dr. Bass has always worked with smoke evacuation systems and is in support of this bill.

Michael Gilgenbach, MS, RN, CNOR, Director of Perioperative Services, Hartford Healthcare:

Mr. Gilgenbach compares surgical smoke to cigarette smoke in that it can be seen and smelled, adding that it is full of carcinogenic and mutagenic cells that include over 150 hazardous chemicals. He states that now is the time to protect surgical team members and their patients by requiring surgical smoke evacuation systems.

Connecticut Hospital Association, (CHA):

CHA supports the bill provided there are two changes:

1. Delay the implementation by one year to allow hospitals to fully recover from the effects of the pandemic
2. Delete the section of the bill that requires hospitals to provide DPH with a copy of their policies regarding surgical smoke evacuation.

Additional Testimony In support:

Kimberly Clear-Sandor, Executive Director, CT Nurses Association

Fauve Cortese, Bristol Hospital

Jennifer Pennock, Associate Director of Government Affairs, AORN

Paul Pescatello, JD PhD, Senior Counsel, CT Bioscience Growth Council

NATURE AND SOURCES OF OPPOSITION:

Connecticut State Medical Society, (CSMS):

CSMS believes the data on surgical smoke is not settled and the language of the bill is unclear. CSMS sees this bill as an unfunded mandate on healthcare organizations struggling from the effects of the pandemic.

Tarik Kardestuncer, MD, President, CT Orthopaedic Society:

The current gross receipts tax on small businesses hinders the ability of surgical centers to make significant capital investments on surgical smoke evacuation systems. They ask the legislature to change the language to address surgical smoke exposure rather than mandate expensive evacuation systems.

Reported by: David Rackliffe, Ass't. Clerk

Date: March 12, 2022