

**SUBJECT:** Establishing requirements for surgical smoke evacuation systems

**COMMITTEE:** Public Health — committee substitute recommended

**VOTE:** 8 ayes — Klick, Campos, Jetton, J. Jones, V. Jones, Oliverson, Price, Smith  
0 nays  
3 absent — Collier, A. Johnson, Tinderholt

**WITNESSES:** For — Darlene Murdock, Association of periOperative Registered Nurses; Renee Khalar, TCORN; JD Buchert, Mae De la Rosa, Texas Collaboration of periOperative Nurses (*Registered, but did not testify*: Stephen Howsley, Association of periOperative Registered Nurses; Andrea Pee, Texas Association of Nurse Anesthetists; Jack Frazee, Texas Nurses' Association; Tara Banach; Phung Tran)  
Against — None  
On — Cesar Lopez, Texas Hospital Association (*Registered, but did not testify*: Kristi Jordan, Health and Human Services Commission)

**BACKGROUND:** Concerns have been raised that, while many agencies and medical professionals recognize the hazard of surgical smoke, there is a lack of enforceable requirements for surgical smoke evacuation.

**DIGEST:** CSHB 4365 would require a health care facility to adopt and implement, by January 1, 2024, a policy to mitigate an individual's exposure to surgical smoke through the use of a surgical smoke evacuation system during each planned surgical procedure in an operating room that was likely to generate surgical smoke.  
"Surgical smoke" would be defined as the gaseous by-product, including surgical plume, smoke plume, bio-aerosols, laser-generated airborne contaminants, or lung-damaging dust, produced by an energy-generating

device used in connection with a surgical procedure.

"Surgical smoke evacuation system" would mean equipment that could be used to capture, filter, and remove surgical smoke before the surgical smoke made contact with an individual's eyes or respiratory tract. The term would include equipment that was integrated with or separate from the energy-generating device.

A health care facility could use any surgical smoke evacuation system that provided protection to patients and health care providers based on the types of surgical techniques and procedures performed at the facility.

The bill would take effect September 1, 2023.