

**Department of Legislative Services**  
Maryland General Assembly  
2026 Session

**FISCAL AND POLICY NOTE**  
**First Reader**

House Bill 1087  
Health

(Delegate S. Johnson)

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**Health Care Facilities - Surgical Smoke - Smoke Evacuation Systems**

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This bill requires each health care facility that performs surgical procedures to adopt and implement policies, by January 1, 2028, that require the use of a “smoke evacuation system” during a surgical procedure that may generate “surgical smoke.”

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**Fiscal Summary**

**State Effect:** The Office of Health Care Quality (OHCQ) can ensure compliance with the bill’s provisions within existing budgeted resources. Revenues are not affected.

**Local Effect:** None.

**Small Business Effect:** None.

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**Analysis**

**Bill Summary:** “Smoke evacuation system” means equipment that effectively captures and filters surgical smoke at the site of origin before the surgical smoke makes contact with the eyes or respiratory tract of occupants in the room.

“Surgical smoke” means the gaseous by-product produced by energy-generating devices, including surgical plume, smoke plume, bio-aerosols, laser-generated airborne contaminants, or lung-damaging dust.

**Current Law:** The Secretary of Health must adopt reasonable rules and regulations that set standards of services for related institutions, hospitals, and residential treatment centers in the following areas: (1) the care of patients; (2) the medical supervision of patients;

(3) the physical environment; (4) disease control; (5) sanitation; (6) safety; and (7) dietary matters. To ensure compliance with these rules and regulations, OHCQ inspects each related institution, hospital, and residential treatment center. In general, OHCQ inspects facilities for which a license is sought and periodically after a license has been issued. The Maryland Department of Health submits an annual report to the General Assembly regarding the inspections conducted during the immediately preceding year.

Generally, surgical smoke is not directly regulated in the State. However, OHCQ regulates specified health care facilities where smoke evacuation systems may be required under the bill including freestanding ambulatory surgical centers, hospitals, or cosmetic surgery facilities.

Although not federally regulated, the federal Occupational Safety and Health Administration recognizes hazards and specified controls and work practices associated with [surgical smoke](#).

**Additional Comments:** According to the Association of periOperative Registered Nurses, [20 states](#) regulate surgical smoke and/or surgical smoke evacuation. The cost of surgical smoke evacuation systems vary depending on the use of portable local smoke evacuators or whole surgical room suction evacuators. OSHA estimates that 500,000 workers in the United States, including surgeons, nurses, anesthesiologists, and surgical technologists, are exposed to laser or electrosurgical smoke.

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### Additional Information

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** None.

**Information Source(s):** Occupational Safety and Health Administration; Association of periOperative Registered Nurses; Maryland Department of Health; Department of Legislative Services

**Fiscal Note History:** First Reader - March 2, 2026  
caw/jc

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Analysis by: Amberly E. Holcomb

Direct Inquiries to:  
(410) 946-5510  
(301) 970-5510