

Members of the Committee:

My name is Kristy Wheeler, and I am here to express my support for surgical smoke plume evacuation in hospitals and ambulatory surgical centers.

I am a nurse from Baltimore in practice for 22 years in Maryland.

- Briefly describe your experience in the OR with surgical smoke

As a healthcare worker, I took an oath to cause no harm, yet I am often surrounded by surgical smoke that is associated with numerous health problems. I warn my patients of the risk of cigarette smoke, yet a day in the operating room for me can be the equivalent of inhaling the smoke of 27-30 unfiltered cigarettes. And the very real, chronic, and damaging physical effects of surgical smoke, such as breathing problems, increased risk of lung cancer, and headaches, affect many of us who work in the OR. More painful still is that there are a wide variety of products that solve this problem that are inexpensive. However, many hospitals and surgical centers do not use these products, even if they have them.

Most surgical facilities in Maryland have surgical smoke evacuation equipment available. And while many of these facilities may evacuate surgical smoke during some procedures, few facilities evacuate consistently during all smoke-generating procedures. 1087 proposes a solution to a hazardous workplace issue faced by thousands of health care workers for decades. At a time when health care workers are experiencing burnout and leaving the profession, Maryland can take an important step to protect the health and safety of OR staff and shore up the workforce Maryland residents rely on for their health care delivery.

On a personal note, I am exposed to surgical smoke as a nurse in the operating room almost daily. And, unfortunately, I have also been exposed to surgical smoke as a patient.

You would think there wouldn't be any type of smoke allowed during the labor and delivery of a baby, but you would be wrong. Because during a cesarean delivery or C-section, electrosurgical pencils are used for the incision and cautery – producing smoke in the room that impacts mothers, babies, family members and labor and delivery staff. I know firsthand what it is like to smell my own flesh burning as I gave birth to my son Taylor in May of 2024.

Newborn babies are especially vulnerable to respiratory issues. The tools to prevent their exposure to surgical smoke are readily available. [STATE] mothers and newborn babies deserve all the protection that we can give them during their first moments together.

Vote YES on 1087 because A baby's first breath should not be surgical smoke.

Please **VOTE YES ON 1087**, which enacts a simple, accessible solution to a problem faced by everyone in the operating room while ensuring flexibility for how hospitals and surgical centers administer this solution.