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March 24, 2026

Maryland General Assembly  
Senate Finance Committee

**RE: HB 1087 Favorable Testimony**

Dear Chair Beidle, Vice-Chair Hayes, and Members of the Finance Committee:

On behalf of the Association of periOperative Registered Nurses (AORN) and our nearly 900 members in Maryland, thank you for the opportunity to provide written testimony in support of HB 1087, a bill to ensure that harmful surgical smoke is evacuated from Maryland's operating rooms.

Surgical smoke is the result of human tissue contact with lasers and electrosurgical pencils commonly used for dissection during surgery. Approximately 90% of all surgical procedures generate surgical smoke, and health care workers across Maryland are exposed to surgical smoke every day. In fact, the average *daily* impact of surgical smoke to a surgical team is equivalent to inhaling the smoke of 27-30 unfiltered cigarettes.

Surgical smoke contains over 150 hazardous chemicals and carcinogenic and mutagenic cells. It contains toxic gases and vapors such as benzene, hydrogen cyanide, formaldehyde, bioaerosols, dead and live cellular material, blood fragments, and viruses. In addition to the danger to health care workers, surgical smoke can cause cancer cells to metastasize in the incision site of patients having cancer removal surgery. Babies born by C-section breathe in their mother's surgical smoke at birth.

The Occupational Safety and Health Administration (OSHA), the National Institute for Occupational Safety and Health (NIOSH), and the Centers for Disease Control and Prevention (CDC) all have recognized surgical smoke as hazardous. While its dangers are well-documented, there still are no national or Maryland-statewide enforceable standards requiring the control and evacuation of surgical smoke.

We know from our members that surgical smoke evacuation is a workforce recruitment and retention issue. AORN members report seeking out surgical smoke-free facilities over those that do not require surgical smoke evacuation, and some are willing to travel outside the state to work in a smoke-free operating room. At a time when health care workers are leaving the profession, Maryland can take the important step to shore up and protect its health care workforce by enacting legislation to protect operating room staff from surgical smoke.

AORN urges Maryland to follow in the footsteps of the twenty other states – including Delaware, New Jersey, Virginia, and West Virginia - to address the risk of highly preventable negative health outcomes for operating room staff and patients and ensure that Maryland residents can continue to receive the health care upon which they rely.

Thank you for considering this important workplace health and safety issue. Please VOTE YES on HB 1087.

Jennifer Pennock  
Director, Government Affairs  
Association of periOperative Registered Nurses (AORN)