

Senate MNA Surgical Smoke.pdf

Uploaded by: Jamie DeMarco

Position: FAV



Committee: Senate Finance

Bill Number: HB1087

Date: March 25, 2026

Position: Favorable

Dear Chair Beidle, Vice-Chair Hayes, and members of the Senate Finance Committee,

The Maryland Nurses Association urges a **Favorable Report on HB1087**.

Surgical smoke is a well-documented but often overlooked occupational hazard in operating rooms. Created by the thermal destruction of tissue during surgical procedures, surgical smoke contains toxic chemical compounds, blood and tissue particles, and viruses such as HPV. These toxic chemical compounds include benzene, a known carcinogen for which there is no safe level of exposure.

The average daily impact of surgical smoke on the surgical team is the equivalent of inhaling the smoke of 27-30 unfiltered cigarettes. Despite the widespread availability of effective and low-cost smoke evacuation technologies, many hospitals do not consistently use these systems. A 2023 national survey by Association of periOperative Registered Nurses found that while 94% of respondents said their facilities had smoke evacuation equipment, only 26% reported consistent use.

HB 1087 offers a simple, evidence-based solution: requiring health care facilities to adopt policies to mitigate exposure to surgical smoke through the use of a smoke evacuation system. This legislation protects not only perioperative nurses and surgical teams, but also patients.

19 other states have enacted legislation to address the issue of surgical smoke, and it is time for Maryland to do the same. The Maryland Hospital Association is neutral on this legislation, and we have encountered no opposition to the legislation. HB1087 will meaningfully improve the lives of essential workers that comes with zero cost and has zero opposition. We urge a favorable report on HB1087

Respectfully,

A handwritten signature in black ink that reads "Jamie DeMarco". The signature is fluid and cursive, with a long horizontal stroke at the end.

Jamie DeMarco

Registered Lobbyist,
Maryland Nurses Association
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HB1087_AORN_FAV

Uploaded by: Jennifer Pennock

Position: FAV



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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)

Kristy Wheeler HB 1087 3-25-2026.pdf

Uploaded by: Kristy Wheeler

Position: FAV

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.

XHB 1087-Health Care Facilities - Surgical Smoke -

Uploaded by: Jane Krienke

Position: INFO



Maryland
Hospital Association

House Bill 1087 - Health Care Facilities - Surgical Smoke - Smoke Evacuation Systems

Position: *Letter of Information*

March 25, 2026

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to provide information on House Bill 1087.

HB 1087 requires health care facilities that perform surgical procedures to adopt and implement policies that require the use of a smoke evacuation system during a surgical procedure that may generate surgical smoke by Jan. 1, 2028.

Maryland hospitals already comply with the requirements of the bill, which aligns with national standards and health and safety environmental requirements.¹ MHA is not taking a position on the bill as introduced. If any amendments are offered, we would need to review them, and we could alter our position.

For more information, please contact:

Jane Krienke, Assistant Vice President, Government Affairs & Policy
Jkrienke@mhaonline.org

¹ [Quick Safety Alleviating the Dangers of Surgical Smoke](#)