The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL:	CS/SB 162
INTRODUCER:	Appropriations Committee on Health and Human Services and Senator Davis
SUBJECT:	Protection from Surgical Smoke
DATE:	February 27, 2026 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	**Favorable**
2.	Barr	McKnight	AHS	**Fav/CS**
3.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 162 requires hospitals and ambulatory surgical centers to, by January 1, 2027, adopt and implement policies to prevent patients and personnel from being exposed to surgical smoke, including the use of a smoke evacuation system or other appropriate measures, during any surgical procedure that is likely to generate surgical smoke.

The bill has no fiscal impact on state expenditures or revenues. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

Surgical smoke is produced by the thermal destruction of tissue using lasers or electrosurgical devices.[1] Surgical smoke has been shown to contain toxic gases, vapors and particulates, dead

[1] The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, *Control of Smoke From Laser/Electric Surgical Procedures*, last updated June 30, 2017, available at https://www.cdc.gov/niosh/docs/hazardcontrol/hc11.html (last visited Jan. 13, 2026).

and live cellular material, and viruses.[2] The chemical contents of surgical smoke may include such substances denoted in the following chart:[3]

Chemical Contents of Surgical Smoke				
Acetonitrile	Acetylene	Acroloin	Acrylonitrile	Alkyl benzene
Benzaldehyde	Benzene	Benzonitrile	Butadiene	Butene
3-Butenenitrile	Carbon monoxide	Creosol	1-Decene	2,3-Dihydro indene
Ethane	Ethyl benzene	Ethylene	Formaldehyde	Furfural
Hexadecanoic acid	Hydrogen cyanide	Indole	Methane	3-Methyl butenal
6-Methyl indole	4-Methyl phenol	2-Methyl propanol	Methyl pyrazine	Phenol
Propene	2-Propylene nitrile	Pyridine	Pyrrole	Styrene
Toluene	1-Undecene	Xylene		

At high concentrations, such smoke can cause ocular and upper respiratory tract irritation in health care personnel and can obstruct a surgeon's view. The smoke has been shown to have mutagenic potential.[4] Studies have shown that surgical smoke may be associated with complications such as carcinogenicity, toxicity, mutagenicity, irritants, respiratory diseases, spread of pathogenic microorganisms, Human Papillomavirus DNA transfer, Hepatitis B transfer, tumor cell transmission, headache, dizziness, drowsiness, bad hair odor, and runny eyes.[5] Some researchers have suggested that surgical smoke may act as a vector for cancerous cells that may be inhaled.[6]

According to the federal Occupational Safety and Health Administration, recognized controls and work practices for surgical smoke include:

- Using portable local smoke evacuators and room suction systems with in-line filters.
- Keeping the smoke evacuator or room suction hose nozzle inlet within two inches of the surgical site to effectively capture airborne contaminants.
- Having a smoke evacuator available for every operating room where plume is generated.
- Evacuating all smoke, no matter how much is generated.
- Keeping the smoke evacuator "ON" (activated) at all times when airborne particles are produced during all surgical or other procedures.
- Considering all tubing, filters, and absorbers as infectious waste and dispose of them appropriately.

---

[2] The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, *Control of Smoke From Laser/Electric Surgical Procedures*, last updated June 30, 2017, available at https://www.cdc.gov/niosh/docs/hazardcontrol/hc11.html (last visited Jan. 13, 2026).

[3] Centers for Disease Control and Prevention, *Surgical Smoke Inhalation: Dangerous Consequences for the Surgical Team,* June 18, 2020, available at https://blogs.cdc.gov/niosh-science-blog/2020/06/18/surgical-smoke/, (last visited Jan. 13, 2026).

[4] The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, *Control of Smoke From Laser/Electric Surgical Procedures: Engineering Controls Database,* last updated Nov. 16, 2018, available at https://www.cdc.gov/niosh/engcontrols/ecd/detail193.html, (last visited Jan. 13, 2026).

[5] Merajikhah A, Imani B, Khazaei S, Bouraghi H. Impact of Surgical Smoke on the Surgical Team and Operating Room Nurses and Its Reduction Strategies: A Systematic Review. Iran J Public Health. 2022 Jan;51(1):27-36. doi: 10.18502/ijph.v51i1.8289. PMID: 35223623; PMCID: PMC8837875. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8837875/, (last visited Jan. 13, 2026).

[6] United States Department of Labor, Occupational Safety and Health Administration, *Surgical Suite >> Smoke Plume*, available at https://www.osha.gov/etools/hospitals/surgical-suite/smoke-plume, (last visited Jan. 13, 2026).

- Using new tubing before each procedure and replace the smoke evacuator filter as recommended by the manufacturer.
- Inspecting smoke evacuator systems regularly to ensure proper functioning.[7]

Additionally, the Joint Commission, a major accrediting organization for hospitals and ambulatory surgical centers, addressed the issue of surgical smoke in its newsletter entitled "Quick Safety Issue 56: Alleviating the Dangers of Surgical Smoke."[8] In the newsletter the Joint Commission recommends that "health care organizations that conduct surgery and other procedures using lasers and other devices that produce surgical smoke should take the following actions to help protect patients and especially staff from the dangers of surgical smoke.

- Implement standard procedures for the removal of surgical smoke and plume through the use of engineering controls, such as smoke evacuators and high filtration masks.
- Use specific insufflators for patients undergoing laparoscopic procedures that lessen the accumulation of methemoglobin buildup in the intra-abdominal cavity. (Surgical smoke is cytotoxic if absorbed into the blood and can cause elevated methemoglobin.) For example, a lapro-shield smoke evacuation device — a filter that attaches to a trocar — helps clear the field inside the abdomen.
- During laser procedures, use standard precautions, such as those promulgated by the Blood-Borne Pathogen Standard (29 CFR 1910.1030) and the Center for Disease Control and Prevention's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, to prevent exposure to the aerosolized blood, blood by-products and pathogens contained in surgical smoke plumes.
- Establish and periodically review policies and procedures for surgical smoke safety and control. Make these policies and procedures available to staff in all areas where surgical smoke is generated.
- Provide surgical team members with initial and ongoing education and competency verification on surgical smoke safety, including the organization's policies and procedures.
- Conduct periodic training exercises to assess surgical smoke precautions and consistent evacuation for the surgical suite or procedural area."

III. Effect of Proposed Changes:

The bill creates s. 395.1013, F.S., to require that hospitals and ambulatory surgical centers (ASC) adopt and implement policies to prevent patients and personnel from being exposed to surgical smoke that is deemed a health risk, including the use of a smoke evacuation system or other appropriate measure, during any surgical procedure that is likely to generate surgical smoke. The bill defines:

- "Smoke evacuation system" to mean equipment that effectively captures and filters surgical smoke before the smoke makes contact with the eyes or respiratory tract of occupants in the room; and

[7] Merajikhah A, Imani B, Khazaei S, Bouraghi H. Impact of Surgical Smoke on the Surgical Team and Operating Room Nurses and Its Reduction Strategies: A Systematic Review. Iran J Public Health. 2022 Jan;51(1):27-36. doi: 10.18502/ijph.v51i1.8289. PMID: 35223623; PMCID: PMC8837875, available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8837875/, (last visited Jan. 13, 2026).

[8] Quick Safety Issue 56: Alleviating the Dangers of Surgical Smoke., Joint Commission, December 2020, available at https://digitalassets.jointcommission.org/api/public/content/0aab00e86a2241c7afd0b117ce83610a?v=50bb955a, (last visited Jan. 13, 2026).

- "Surgical smoke" to mean the gaseous byproduct produced by energy-generating devices such as lasers and electrosurgical devices. The term includes, but is not limited to, surgical plume, smoke plume, bioaerosols, laser-generated airborne contaminants, and lung-damaging dust.

The bill requires hospitals and ASCs to adopt and implement the required policies by January 1, 2027.

The bill takes effect July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

CS/SB 162 may have an indeterminant negative fiscal impact on a hospital or an ambulatory surgical center (ASC) if the hospital or ASC is required to purchase and maintain equipment in order to meet the requirements of the bill.

C. Government Sector Impact:

The bill has no fiscal impact on state expenditures or revenues.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 395.1013 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Appropriations Committee on Health and Human Services on February 25, 2026:

The committee substitute modifies the definition of a smoke evacuation system to remove the function of eliminating surgical smoke and to remove the specification regarding the point of origin of the smoke.

The committee substitute also changes requirements for facilities to adopt policies requiring the use of a smoke evacuation system to broader policies aimed at preventing patient and personnel exposure to surgical smoke, which include the use of a smoke evacuation system or any other appropriate protective measures.

B. Amendments:

None.