

BILL ANALYSIS

H.B. 513
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Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Surgical smoke emits from human tissue when in contact with lasers and electrosurgical pencils, which are commonly used during surgery for dissection and hemostasis. According to a study published in the *American Journal for Industrial Medicine* and to OSHA, approximately ninety percent of surgical procedures generate surgical smoke, resulting in exposure for an estimated 500,000 health care workers every year. Additionally, as reported by Oncology Nursing News, studies have found that surgical smoke contains over 150 hazardous chemicals and carcinogens, with its average daily impact on the surgical team being equivalent to inhaling the smoke of between 27 and 30 unfiltered cigarettes. The bill author has informed the committee that in addition to the risks to health care workers, patients can also be endangered as surgical smoke can result in cancer cells metastasizing at the incision site during cancer removal surgery, and research by the National Institutes of Health confirms that viruses can also be transmitted through surgical smoke.

The bill author has further informed the committee that surgical smoke can be safely eliminated using existing technologies, with evacuation systems capturing surgical smoke and disposing of it as hazardous waste. H.B. 513 seeks to establish a smoke evacuation standard by requiring certain health care facilities to adopt and implement a policy to mitigate an individual's exposure to surgical smoke through the use of a surgical smoke evacuation system during certain surgical procedures.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

H.B. 513 amends the Health and Safety Code to require a health care facility to adopt and implement, not later than January 1, 2026, a policy to mitigate an individual's exposure to surgical smoke through the use of a surgical smoke evacuation system during each planned surgical procedure that is performed in an operating room and is likely to generate surgical smoke. The bill authorizes a health care facility to use any surgical smoke evacuation system that provides protection to patients and health care providers, based on the types of surgical techniques and procedures performed at the facility. The bill defines the following terms:

- "health care facility" as a hospital licensed under the Texas Hospital Licensing Law or maintained or operated by the state and an ambulatory surgical center licensed under the Texas Ambulatory Surgical Center Licensing Act;

- "surgical smoke" as the gaseous by-product, including surgical plume, smoke plume, bio-aerosols, laser-generated airborne contaminants, or lung-damaging dust, produced by an energy-generating device used in connection with a surgical procedure; and
- "surgical smoke evacuation system" as equipment that may be used to capture, filter, and remove surgical smoke before the surgical smoke makes contact with the eyes or respiratory tract of an individual, including a patient or health care provider, occupying a room where a surgical procedure is performed.

The bill specifies that such a system includes equipment integrated with or separated from the energy-generating device.

EFFECTIVE DATE

September 1, 2025.