

# SB3753



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

SB3753

Introduced 2/14/2020, by Sen. Julie A. Morrison

#### SYNOPSIS AS INTRODUCED:

110 ILCS 330/8d new  
210 ILCS 5/6.9 new  
210 ILCS 85/6.28 new

Amends the University of Illinois Hospital Act, the Ambulatory Surgical Treatment Center Act, and the Hospital Licensing Act. Requires hospitals organized under the University of Illinois Hospital Act or licensed under the Hospital Licensing Act and ambulatory surgical treatment centers licensed under the Ambulatory Surgical Treatment Center Act to: adopt policies to ensure the elimination of surgical smoke by use of a surgical smoke evacuation system for each procedure that generates surgical smoke from the use of energy-based devices, including electrosurgery and lasers; and report to the Department of Public Health within 90 days after the amendatory Act's effective date that the policies have been adopted.

LRB101 20050 CPF 69581 b

A BILL FOR

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The University of Illinois Hospital Act is  
5 amended by adding Section 8d as follows:

6 (110 ILCS 330/8d new)

7 Sec. 8d. Surgical smoke evacuation system.

8 (a) In this Section:

9 "Department" means the Department of Public Health.

10 "Surgical smoke" means the by-product of use of  
11 energy-generating devices, including, but not limited to,  
12 surgical plume, smoke plume, bio-aerosols, laser-generated  
13 airborne contaminants, and lung-damaging dust.

14 "Surgical smoke evacuation system" means smoke evacuators,  
15 laser plume evacuators, or local exhaust ventilators that  
16 capture and neutralize plume at the site of origin and before  
17 plume can make ocular contact or contact with the respiratory  
18 tract of employees.

19 (b) To protect patients and health care workers from the  
20 hazards of surgical smoke, the University of Illinois Hospital  
21 shall adopt policies to ensure the elimination of surgical  
22 smoke by use of a surgical smoke evacuation system for each  
23 procedure that generates surgical smoke from the use of

1 energy-based devices, including, but not limited to,  
2 electrosurgery and lasers.

3 (c) The University of Illinois Hospital shall report to the  
4 Department within 90 days after the effective date of this  
5 amendatory Act of the 101st General Assembly that policies  
6 under subsection (b) of this Section have been adopted.

7 Section 10. The Ambulatory Surgical Treatment Center Act is  
8 amended by adding Section 6.9 as follows:

9 (210 ILCS 5/6.9 new)

10 Sec. 6.9. Surgical smoke evacuation system.

11 (a) In this Section:

12 "Surgical smoke" means the by-product of use of  
13 energy-generating devices, including, but not limited to,  
14 surgical plume, smoke plume, bio-aerosols, laser-generated  
15 airborne contaminants, and lung-damaging dust.

16 "Surgical smoke evacuation system" means smoke evacuators,  
17 laser plume evacuators, or local exhaust ventilators that  
18 capture and neutralize plume at the site of origin and before  
19 plume can make ocular contact or contact with the respiratory  
20 tract of employees.

21 (b) To protect patients and health care workers from the  
22 hazards of surgical smoke, an ambulatory surgical treatment  
23 center licensed under this Act shall adopt policies to ensure  
24 the elimination of surgical smoke by use of a surgical smoke

1 evacuation system for each procedure that generates surgical  
2 smoke from the use of energy-based devices, including, but not  
3 limited to, electrosurgery and lasers.

4 (c) An ambulatory surgical treatment center licensed under  
5 this Act shall report to the Department within 90 days after  
6 the effective date of this amendatory Act of the 101st General  
7 Assembly that policies under subsection (b) of this Section  
8 have been adopted.

9 Section 15. The Hospital Licensing Act is amended by adding  
10 Section 6.28 as follows:

11 (210 ILCS 85/6.28 new)

12 Sec. 6.28. Surgical smoke evacuation system.

13 (a) In this Section:

14 "Surgical smoke" means the by-product of use of  
15 energy-generating devices, including, but not limited to,  
16 surgical plume, smoke plume, bio-aerosols, laser-generated  
17 airborne contaminants, and lung-damaging dust.

18 "Surgical smoke evacuation system" means smoke evacuators,  
19 laser plume evacuators, or local exhaust ventilators that  
20 capture and neutralize plume at the site of origin and before  
21 plume can make ocular contact or contact with the respiratory  
22 tract of employees.

23 (b) To protect patients and health care workers from the  
24 hazards of surgical smoke, a hospital licensed under this Act

1 shall adopt policies to ensure the elimination of surgical  
2 smoke by use of a surgical smoke evacuation system for each  
3 procedure that generates surgical smoke from the use of  
4 energy-based devices, including, but not limited to,  
5 electrosurgery and lasers.

6 (c) A hospital licensed under this Act shall report to the  
7 Department within 90 days after the effective date of this  
8 amendatory Act of the 101st General Assembly that policies  
9 under subsection (b) of this Section have been adopted.