



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB1908

Introduced 2/26/2021, 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 plume by use of a surgical smoke plume evacuation system for each procedure that generates surgical smoke plume 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.

LRB102 11339 CPF 21947 b

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 plume evacuation.

8 (a) In this Section:

9 "Department" means the Department of Public Health.

10 "Surgical smoke plume" means the by-product of the use of
11 energy-based devices on tissue during surgery and containing
12 hazardous materials, including, but not limited to,
13 bio-aerosols, smoke, gases, tissue and cellular fragments and
14 particulates, and viruses.

15 "Surgical smoke plume evacuation system" means a dedicated
16 device that is designed to capture, transport, filter, and
17 neutralize surgical smoke plume at the site of origin and
18 before surgical smoke plume can make ocular contact, or
19 contact with the respiratory tract, of an employee.

20 (b) To protect patients and health care workers from the
21 hazards of surgical smoke plume, the University of Illinois
22 Hospital shall adopt policies to ensure the elimination of
23 surgical smoke plume by use of a surgical smoke plume

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

4 (c) The University of Illinois Hospital shall report to
5 the Department within 90 days after the effective date of this
6 amendatory Act of the 102nd General Assembly that policies
7 under subsection (b) of this Section have been adopted.

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

10 (210 ILCS 5/6.9 new)

11 Sec. 6.9. Surgical smoke plume evacuation.

12 (a) In this Section:

13 "Surgical smoke plume" means the by-product of the use of
14 energy-based devices on tissue during surgery and containing
15 hazardous materials, including, but not limited to,
16 bio-aerosols, smoke, gases, tissue and cellular fragments and
17 particulates, and viruses.

18 "Surgical smoke plume evacuation system" means a dedicated
19 device that is designed to capture, transport, filter, and
20 neutralize surgical smoke plume at the site of origin and
21 before surgical smoke plume can make ocular contact, or
22 contact with the respiratory tract, of an employee.

23 (b) To protect patients and health care workers from the
24 hazards of surgical smoke plume, an ambulatory surgical

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

7 (c) An ambulatory surgical treatment center licensed under
8 this Act shall report to the Department within 90 days after
9 the effective date of this amendatory Act of the 102nd General
10 Assembly that policies under subsection (b) of this Section
11 have been adopted.

12 Section 15. The Hospital Licensing Act is amended by
13 adding Section 6.28 as follows:

14 (210 ILCS 85/6.28 new)

15 Sec. 6.28. Surgical smoke plume evacuation.

16 (a) In this Section:

17 "Surgical smoke plume" means the by-product of the use of
18 energy-based devices on tissue during surgery and containing
19 hazardous materials, including, but not limited to,
20 bio-aerosols, smoke, gases, tissue and cellular fragments and
21 particulates, and viruses.

22 "Surgical smoke plume evacuation system" means a dedicated
23 device that is designed to capture, transport, filter, and
24 neutralize surgical smoke plume at the site of origin and

1 before surgical smoke plume can make ocular contact, or
2 contact with the respiratory tract, of an employee.

3 (b) To protect patients and health care workers from the
4 hazards of surgical smoke plume, a hospital licensed under
5 this Act shall adopt policies to ensure the elimination of
6 surgical smoke plume by use of a surgical smoke plume
7 evacuation system for each procedure that generates surgical
8 smoke plume from the use of energy-based devices, including,
9 but not limited to, electrosurgery and lasers.

10 (c) A hospital licensed under this Act shall report to the
11 Department within 90 days after the effective date of this
12 amendatory Act of the 102nd General Assembly that policies
13 under subsection (b) of this Section have been adopted.