



# HOUSE BILL 390: Alleviate the Dangers of Surgical Smoke.

2025-2026 General Assembly

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<b>Committee:</b>	House Health. If favorable, re-refer to Rules, Calendar, and Operations of the House	<b>Date:</b>	April 8, 2025
<b>Introduced by:</b>	Reps. Cunningham, White, Blackwell, Reeder	<b>Prepared by:</b>	Jessica Boney
<b>Analysis of:</b>	First Edition		Staff Attorney

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**OVERVIEW:** *House Bill 390 would establish standards in hospitals and ambulatory surgical facilities for the evacuation/filtering of surgical smoke produced by energy-generating devices.*

## BILL ANALYSIS:

House Bill 390 would require hospitals and ambulatory surgical centers to adopt and implement policies that require the use of an evacuation/filtering system for surgical smoke that is likely to be generated during a surgical procedure.

The following definitions apply:

- Smoke evacuation/filtering system. –Stand alone, portable equipment that effectively captures, filters, and eliminates surgical smoke at the site of origin before the smoke makes contact with the eyes or respiratory tracts of occupants in the room. This equipment is not required to be interconnected to the hospital or ambulatory surgical ventilation or medical gas system.
- Surgical smoke. – The gaseous by-product produced by energy-generating devices, including surgical plume, smoke plume, bio-aerosols, laser-generated airborne contaminants, or lung damaging dust.

Department of Health and Human Services would be authorized to take adverse action against a hospital or ambulatory surgical facility for violation.

**EFFECTIVE DATE:** The bill would become effective January 1, 2026.

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