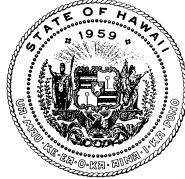


LATE \*Testimony submitted late may not be considered by the Committee for decision making purposes.

JOSH GREEN, M.D.  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII



KENNETH S. FINK, MD, MGA, MPH  
DIRECTOR OF HEALTH  
KA LUNA HO'OKELA

STATE OF HAWAII  
DEPARTMENT OF HEALTH

P. O. Box 3378  
Honolulu, HI 96801-3378  
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LATE

Testimony COMMENTING on HB218  
RELATING TO HOSPITALS.

REPRESENTATIVE GREGG TAKAYAMA, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: FRI, January 30, 2026      Room Number: 329

- 1 **Fiscal Implications:** There are no fiscal implications to the state.
- 2 **Department Position:** The Department offers comments on this measure.
- 3 **Department Testimony:** The Office of Health Care Assurance (OHCA) provides the following testimony on behalf of the Department.
  - 5 The Department would ensure compliance with this measure during any onsite inspection and in
  - 6 response to any complaint received relating to a violation of exposure to surgical smoke as is
  - 7 defined in this measure.
- 8 **Offered Amendments:** None
- 9 Thank you for the opportunity to testify.

January 28, 2026

Hawaii House of Representatives  
Committee on Health

**RE: HB 218 Testimony**

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and Members of the Committee on Health:

On behalf of the Association of periOperative Registered Nurses (AORN) and our over 200 members in Hawaii, thank you for the opportunity to provide written testimony in support of HB 218, a bill to ensure that harmful surgical smoke is evacuated from Hawaii's operating rooms.

Surgical smoke is the result of human tissue contact with lasers and electrosurgical pencils commonly used for dissection during surgery. Approximately 90% of all surgical procedures generate surgical smoke, and health care workers across Hawaii are exposed to surgical smoke every day. In fact, the average *daily* impact of surgical smoke to a surgical team is equivalent to inhaling the smoke of 27-30 unfiltered cigarettes.

Surgical smoke contains over 150 hazardous chemicals and carcinogenic and mutagenic cells. It contains toxic gases and vapors such as benzene, hydrogen cyanide, formaldehyde, bioaerosols, dead and live cellular material, blood fragments, and viruses. In addition to the danger to health care workers, surgical smoke can cause cancer cells to metastasize in the incision site of patients having cancer removal surgery. Babies born by C-section breathe in their mother's surgical smoke at birth.

Surgical smoke has been recognized as hazardous by The Occupational Safety and Health Administration (OSHA), the National Institute for Occupational Safety and Health (NIOSH), and the Centers for Disease Control and Prevention (CDC). While its dangers are well-documented, there still are no national or Hawaii-statewide enforceable standards requiring the control and evacuation of surgical smoke.

Many surgical facilities do evacuate during some procedures, but few facilities evacuate consistently during all procedures which generate surgical smoke. Nurses have little control over whether they are assigned to a smoking or non-smoking operating room. Whether or not smoke is evacuated during surgery tends to be based on one team member's decision to use or not use an evacuator.

Surgical smoke evacuation is a workforce recruitment and retention issue. Our members report seeking out surgical smoke-free facilities over those that do not require surgical smoke evacuation. At a time when health care workers are leaving the profession, Hawaii can take the important step to shore up and protect its health care workforce by enacting legislation to protect operating room staff from surgical smoke.

AORN urges Hawaii to follow in the footsteps of twenty other states to address the risk of highly preventable negative health outcomes for operating room staff and patients and ensure that Hawaii residents can continue to receive the health care upon which they rely.

Thank you for considering this important workplace health and safety issue. If AORN and our members can provide any additional information to the committee as you consider your support for HB 218, we stand ready to help take Hawaii surgical smoke-free.

Jennifer Pennock  
Director, Government Affairs  
Association of periOperative Registered Nurses (AORN)



January 30, 2026 at 10:30 am  
Conference Room 329

**House Committee on Health**

To: Chair Gregg Takayama  
Vice Chair Sue L. Keohokapu Lee-Loy

From: Paige Heckathorn Choy  
Vice President, Government Affairs  
Healthcare Association of Hawaii

Re: **Submitting Comments**  
**SB 1323 SD 2, Relating to Health Care**

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 30,000 people statewide.

Thank you for the opportunity to provide **comments** and a suggested amendment on this measure. We agree with the intent of this measure, which seeks to protect the health and safety of operating room staff. Exposure to surgical smoke is a recognized occupational concern, which is why most—if not all—Hawaii hospitals have made the proactive effort to install and use evacuation equipment to manage the risks posed to clinicians and patients.

Surgical smoke is created in a variety of procedures and, importantly, in very different volumes. For example, in some cases there is very minimal use of cauterizing equipment, with just seconds of exposure created while other procedures may require prolonged use of heat-generating surgical tools. Because of this wide range, many surgical procedures technically involve some amount of surgical smoke, even when exposure is minimal and fleeting.

Hospitals recognize these differences and manage them through clinical judgment, policies and procedures, staff training, and the use of evacuation equipment when warranted. As noted, most, if not all, hospitals have installed and do use these evacuation systems. Further, hospitals in Hawaii comply with existing national standards, including workplace safety.

Our members remain committed to protecting healthcare workers and maintaining safe operating environments. We believe that this measure, as currently written, does not accurately account for current hospital practices and the wide range of types of exposures and, instead, imposes a prescriptive mandate on every surgery.

A suggested amendment to address these concerns would be to remove the phrase "by using a smoke evacuation system" and add the phrase "as appropriate" in section (a) to instead compel hospitals to implement policies to prevent exposure to surgical smoke as appropriate for each procedure that may generate it.

(a) No later than July 1, 2026, any hospital with an operating room licensed pursuant to section 321-14.5 shall adopt and implement policies to prevent exposure to surgical smoke ~~[by using a smoke evacuation system]~~ as appropriate for each procedure that generates surgical smoke. The department shall ensure compliance with this section during any onsite inspection and in response to any complaint received relating to a violation of this section.

Thank you for your consideration of our concerns and of the proposed amendment to this measure.

**HB-218**

Submitted on: 1/27/2026 9:34:51 AM  
Testimony for HLT on 1/30/2026 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Bernadette Ildefonso	Individual	Support	Written Testimony Only

**Comments:**

I am an Operating Room Nurse and have been for over 25 years. Very recently, I was in a situation when I was exposed to surgical smoke that hadn't been evacuated appropriately with a smoke evacuator. Almost immediately, I felt the physical effects of exposure to surgical plume. My throat felt scratchy and I started to cough. This experience really emphasized to me the importance of surgical smoke evacuation in **EVERY** operating room.

Surgical staff, working in operating rooms without smoke evacuation day in and day out, are putting their health at risk from the toxic components of surgical smoke such as toxic chemicals, viruses, bacteria, cellular material and blood. Studies have shown that daily surgical smoke exposure may equal smoking 27 cigarettes (more than a pack per day) and Operating Room Nurses report respiratory problems at rates 2-3 times higher than general population. We are very careful with wearing personal protective equipment (PPEs) to prevent exposure to blood and body fluids, but preventing exposure to surgical smoke has to be considered to be as important.

As of August 2025, twenty (20) US states have enacted surgical smoke evacuation legislation and nine other states (including Hawaii) are considering smoke evacuation bills. The Association of periOperative Registered Nurses (AORN) has recommended in their Guidelines for Surgical Smoke Safety that all surgical smoke should be evacuated and filtered. National Institute for Occupational Safety and Health (NIOSH), the Association of Surgical Technologists (AST), The Joint Commission (TJC), and the Council on Surgical & Perioperative Safety (CSPS) all endorse smoke evacuation measures be taken during surgery.

I wholeheartedly support House Bill 218 relating to surgical smoke be passed for our beautiful State of Hawaii in order to protect the health of our healthcare providers in the Operating Room.

*Sincerely,*

*Bernadette Ildefonso, BSN, RN, CNOR*



Hawaii House of Representatives  
Committee on Health

**LATE**

**RE: HB 218 Written Testimony**

Aloha, Chair Takayama, Vice Chair Keohokapu-Lee Loy and Members of the Committee on Health:

I am writing to you today to express my support for HB 218, a bill to require a surgical smoke evacuation policy for hospitals and ambulatory surgical centers in Hawaii.

Surgical smoke contains over 150 hazardous chemicals and carcinogenic and mutagenic cells. It contains toxic gases and vapors such as benzene, hydrogen cyanide, formaldehyde, bioaerosols, dead and live cellular material, blood fragments, and viruses. In addition to causing respiratory illness, asthma, and allergy-like symptoms, surgical smoke contains live viruses like HPV. There are documented cases of HPV transmission from patients to providers via surgical smoke inhalation. Surgical smoke can cause cancer cells to metastasize in the incision site of patients having cancer removal surgery. Babies born by C-section breathe in their mother's surgical smoke at birth.

As a Perioperative Registered Nurse First Assistant and Perioperative Clinical Instructor for over 34 years in Hawaii, the hazards of surgical smoke are more than just statistics, or data points in a study. This is a part of my daily life. This was the story we heard as new nurses to the OR – the surgeons would have HPV nodules in their nares. Why? In those days they did not use face masks properly. The face masks were not covering the surgeon's nose, only their mouths. They were inhaling the surgical smoke without any filters in place. I remind Medical Students and Residents to protect themselves, they have a long career ahead of themselves. Using smoke evacuators with proper masks (N95) will decrease the damaging effects of surgical smoke to their bodies. Also, as a RNFA assisting in heart surgeries, I've had smoke billowing in my face as we did these surgeries. We were barely able to use suction to get the smoke out of the surgical field, let alone away from our faces. It's like being at a beach party and the grill is cooking all the chicken and steak and the wind is blowing the smoke in your face. The smoke is everywhere. Now imagine if you were enclosed in your office and the smoke was contained in there. That's a lot of smoke you are inhaling.

As a healthcare worker, I took an oath to cause no harm, yet I am often surrounded by surgical smoke that is associated with numerous health problems. We all know of the risk of cigarette smoke, I am a nonsmoker, yet a day in the operating room for me can be the equivalent of inhaling the smoke of 27-30 unfiltered cigarettes. And the very real, chronic, and damaging physical effects of surgical smoke, such as breathing problems, increased risk of lung cancer, and headaches, affect many of us who work in the OR. I have been diagnosed as having Environmental Asthma, not sure how I got that diagnosis in my 50's. More painful still is that

there are a wide variety of products that solve this problem that are inexpensive. However, many hospitals and surgical centers do not use these products, even if they have them. One reason may be the surgeon, if they will use the products. We can only ask if they would use the new products, we cannot insist or demand they use a product for our health. That could change with this bill.

Mahalo for this opportunity to share with you the dangers and prevalence of surgical smoke in our local operating rooms and how this issue impacts me personally. The Hawaii legislature must act to protect patients and surgical team members by adopting HB 218 now.

Mahalo,

Tammie Uyeda BSN, RN, CNOR, RNFA  
Clinical Instructor, Perioperative Services

**HB-218**

Submitted on: 1/30/2026 10:33:22 AM  
Testimony for HLT on 1/30/2026 10:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Hau'oli Allen	Individual	Support	Written Testimony Only

Comments:

Chair TAKAYAMA, Vice-Chair KEOHOKAPU-LEE LOY and Members of the Committee:

My name is Hau'oli Allen, I am an operating room nurse at The Queen's Medical Center and a perioperative leader here in Hawai'i. I am here to express my support for HB 218, a bill to require a surgical smoke evacuation policy for hospitals and ambulatory surgical centers. Thank you Chair TAKAYAMA, Vice-Chair KEOHOKAPU-LEE LOY for introducing this bill.

Surgical smoke contains over 150 hazardous chemicals and carcinogenic and mutagenic cells. It contains toxic gases and vapors such as benzene, hydrogen cyanide, formaldehyde, bioaerosols, dead and live cellular material, blood fragments, and viruses. In addition to causing respiratory illness, asthma, and allergy-like symptoms, surgical smoke contains live viruses like HPV. There are documented cases of HPV transmission from patients to providers via surgical smoke inhalation. Surgical smoke can cause cancer cells to metastasize in the incision site of patients having cancer removal surgery. Babies born by C-section breathe in their mother's surgical smoke at birth.

As a Perioperative Registered nurse for 10 years in Hawaii, the hazards of surgical smoke are more than just statistics, or data points in a study. This is a part of my daily life.

This bill is about prevention, protection, and consistency. It is about recognizing surgical smoke as an occupational hazard and ensuring reasonable safeguards are in place statewide. I respectfully urge you to consider this bill and move it forward.

Thank you for this opportunity to share with you the dangers and prevalence of surgical smoke in our local operating rooms and how this issue impacts me personally. The Hawaii legislature must act to protect patients and surgical team members by adopting HB 218 now.