**South Carolina General Assembly**

126th Session, 2025-2026

**S. 170**

**STATUS INFORMATION**

General Bill

Sponsors: Senators Hembree, Kimbrell, Stubbs, Matthews, Garrett, Adams, Graham and Zell

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Introduced in the Senate on January 14, 2025

Introduced in the House on March 20, 2025

Last Amended on March 13, 2025

Currently residing in the House Committee on **Medical, Military, Public and Municipal Affairs**

Summary: Surgical Smoke Evacuation System

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

1/14/2025 Senate Introduced and read first time ([Senate Journal‑page 106](h:\sj\20250114.docx))

1/14/2025 Senate Referred to Committee on **Medical Affairs** ([Senate Journal‑page 106](h:\sj\20250114.docx))

3/11/2025 Senate Committee report: Favorable with amendment **Medical Affairs** ([Senate Journal‑page 16](h:\sj\20250311.docx))

3/13/2025 Senate Committee Amendment Adopted ([Senate Journal‑page 12](h:\sj\20250313.docx))

3/13/2025 Senate Read second time ([Senate Journal‑page 12](h:\sj\20250313.docx))

3/13/2025 Senate Roll call Ayes-41 Nays-0 ([Senate Journal‑page 12](h:\sj\20250313.docx))

3/18/2025 Scrivener's error corrected

3/18/2025 Senate Read third time and sent to House ([Senate Journal‑page 7](h:\sj\20250318.docx))

3/19/2025 Scrivener's error corrected

3/20/2025 House Introduced and read first time ([House Journal‑page 20](h:\hj\20250320.docx))

3/20/2025 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 20](h:\hj\20250320.docx))

View the latest  [legislative information](https://www.scstatehouse.gov/billsearch.php?billnumbers=170&session=126&summary=B)  at the website

**VERSIONS OF THIS BILL**

[01/14/2025](https://www.scstatehouse.gov/sess126_2025-2026/prever/170_20250114.docx)

[03/11/2025](https://www.scstatehouse.gov/sess126_2025-2026/prever/170_20250311.docx)

[03/13/2025](https://www.scstatehouse.gov/sess126_2025-2026/prever/170_20250313.docx)

[03/18/2025](https://www.scstatehouse.gov/sess126_2025-2026/prever/170_20250318.docx)

[03/19/2025](https://www.scstatehouse.gov/sess126_2025-2026/prever/170_20250319.docx)

Indicates Matter Stricken

Indicates New Matter

Committee Amendment Adopted

March 13, 2025

S. 170

Introduced by Senators Hembree, Kimbrell, Stubbs, Matthews, Garrett, Adams, Graham and Zell

S. Printed 3/13/25--S. [SEC 3/19/2025 12:47 PM]

Read the first time January 14, 2025

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A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ADDING SECTION 44‑7‑387 SO AS TO REQUIRE A LICENSED FACILITY TO ADOPT AND IMPLEMENT POLICIES TO PREVENT EXPOSURE TO SURGICAL SMOKE BY REQURING THE USE OF A SMOKE EVACUATION SYSTEM.

Amend Title To Conform

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Chapter 7, Title 44 of the S.C. Code is amended by adding:

Section 44‑7‑387. (A) As used in this section:

(1) “Surgical smoke” means the gaseous by‑product produced by energy‑generating devices such as lasers and electrosurgical devices. The term includes, but is not limited to, surgical plume, smoke plume, bio‑aerosols, laser‑generated airborne contaminants, or lung‑damaging dust.

(2) “Smoke evacuation system” means equipment that effectively captures and filters surgical smoke at the site of origin before the smoke makes contact with the eyes or the respiratory tract of occupants in the room.

(3) “Licensed facility” means a hospital or ambulatory surgical facility as defined in Section 44‑7‑130.

(B) A licensed facility must adopt and implement policies to prevent exposure to surgical smoke by requiring the use of a smoke evacuation system during any surgical procedure that is likely to generate surgical smoke.

SECTION 2. This act takes effect on July 1, 2026, except that for the following hospitals this act takes effect January 1, 2027:

(1) hospitals certified as critical access hospitals pursuant to 42 U.S.C. Section 1395i-4;

(2) hospitals with fewer than fifty acute care beds in operation;

(3) hospitals certified by the Centers for Medicare and Medicaid Services as sole community

hospitals;

(4) hospitals that qualify as a Medicare dependent hospital; and

(5) hospitals with six or fewer operating rooms.

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