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LEGISLATIVE MEMO

SB 5236 – Studying climate impact of anesthesia is unnecessary and does nothing to help the planet

By Todd Myers, Vice President for Research February 2025

Key Findings

1. **The legislature is considering spending about $840,000 for a report to study the impact of anesthetic gases on climate change.**
2. **The impact of anesthetic gases like nitrous oxide, however, is incredibly small, amounting to about five one-thousandths of a percent of the state's annual greenhouse gas emissions.**
3. **For the cost of the report, Washington could invest in projects that reduce the equivalent amount of greenhouse gas emissions for nearly 17 years.**
4. **Hospitals and others could also voluntarily opt-in to the Climate Commitment Act, which would provide them more flexibility in addressing the emissions from anesthesia and would not require a costly and restrictive new law.**

Introduction

Washington state legislators are looking to spend about $840,000 to create a study on the impact of anesthesia gases like nitrous oxide on climate change and propose potential regulations in the future. However, for that same amount of money, they could invest in projects that reduce the equivalent of nearly 17 years of those gases in Washington.

The legislature appears to be ready to choose the study over real-world results, adopting Senate Bill 5236 which would require the Department of Ecology to study the impact of anesthesia and produce a report in 2027 with recommendations for regulation. The legislation would waste time and money addressing an extremely tiny amount of emissions. Indeed, no additional regulation is necessary and existing laws could address these emissions if hospitals voluntarily participated in the Climate Commitment Act (CCA) as allowed by the law.

The bill is another example of duplicative climate legislation that could be addressed using existing laws and without needlessly spending additional taxpayer dollars.

A wasteful way to address a tiny amount of emissions

The proposed legislation would fund a study of the impact of anesthesia gases on the climate and make recommendations to regulate their emissions. Section 1 of the bill argues that even though the impact of anesthesia is tiny, the legislature "finds it prudent not to overlook meaningful opportunities to reduce emissions of other types of greenhouse gases from more niche sources such as anesthetic gases."

Working with Washington State University and the Washington State Department of Health, the Department of Ecology would fund a study for the purpose of:

> *"(a) Studying these gases; and*
>
> *(b) Developing guidance to reduce emissions of greenhouse gases used for anesthetic purposes."*

Supporters of the bill highlighted the impacts from leaks of gases like nitrous oxide (N_2O) at hospitals. Bill sponsor Sen. Slatter noted that one hour of anesthesia is the greenhouse equivalent of driving about 470 miles. This is because N_2O is 265 times as potent as carbon dioxide according to the EPA. In testimony, a representative of the Natural Resources Defense Council said the impact of these gases in Washington state is the equivalent of "up to 1,200 cars on the road for a year."

That sounds like a lot, but it is an incredibly tiny amount. Supporters of the bill didn't provide more detailed information about the actual CO2 equivalent of these emissions. Joel

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Creswell of the Department of Ecology admitted he didn't know the impact, telling the committee, "we don't really have information on that [the total amount of emissions] right now," in response to a question.

If the estimate of 1,200 cars is correct, that is about 5,000 metric tons of CO2 equivalent greenhouse gas emissions (GHGs). To put that amount in context, it amounts to five one-thousandths of one percent – 0.005% – of Washington's annual greenhouse gas emissions. The state could invest in projects that reduce an equivalent amount of CO2 for only $50,000.

By way of comparison, the cost to produce the study according to the Departments of Ecology and Health and Washington State University, would be $838,412. The study would do nothing to reduce greenhouse gas emissions and would simply produce a report assessing the impact of anesthetic gases and recommend future regulations.

For the price of the study, Washington state could eliminate the entire climate impact of all anesthesia gases for nearly 17 years. Even after the study, the proposed regulations are unlikely to immediately eliminate the GHG impact of anesthesia, but would likely phase in new regulations that would, of course, also cost money to implement that would do little to reduce emissions.

The choice for the legislature is simple. They can spend $838,412 and do nothing for the planet. Or legislators can take that same amount and eliminate the estimated climate impact for 17 years.

There is an even less expensive way to address the impact of anesthesia using existing law.

Cap-and-trade systems like the Climate Commitment Act (CCA) provide a flexible system of reducing emissions with a guaranteed cap. While there are many problems with that approach as it is being applied in Washington, it is still superior to a series of ad hoc and political approaches to reducing emissions. Rather than creating a specific law to address anesthesia, those gases could be brought under the CCA. Currently, hospitals emit too few GHGs to be covered by the law, another indication of how tiny the problem is.

There are two ways anesthesia could be included in the CCA.

First, hospitals could opt-in to the CCA. The law specifically notes that entities "may voluntarily participate in the program by registering as an opt-in entity. An opt-in entity must satisfy the same registration requirements as covered entities. Once registered, an opt-in entity is allowed to participate as a covered entity in auctions and must assume the same compliance obligation to transfer compliance instruments equal to their emissions at the appointed transfer dates." Rather than lobbying the legislature to create an expensive and wasteful new study and regulatory program, supporters of the law like Physicians for Social Responsibility, the Washington State Society of Anesthesiologists, the Washington State Medical Association and others, should simply ask hospitals to opt-in to the CCA. Their emissions would immediately be covered, not years from now when the study is finished and the legislature considers how to act.

The other option is simply to pass a simple law saying anesthesia is covered by the CCA. The CCA offers more flexibility in meeting the requirement to reduce total emissions and would be less expensive to hospitals and state taxpayers than creating an entirely new regulation specifically for the extremely tiny amount of GHGs from anesthesia.

The only argument for not including anesthesia emissions in the CCA is that the amount is below the threshold set in that law. But if legislators are going to create a separate system to cover nitrous oxide and other gases, they are functionally eliminating the CCA's threshold and should just use the existing law.

Put simply, whether the state invests in projects to reduce the impact of emissions from anesthesia or moves those emissions into the CCA, there is no justification to add yet another government expenditure that does nothing for the planet.

Conclusion

Addressing smaller and smaller categories of greenhouse gas emissions in Washington state is going to significantly increase the cost to taxpayers while yielding very tiny reductions in total emissions. Gases like nitrous oxide used for anesthesia represent an extremely small

amount of the state's emissions and paying for an expensive study would be wasteful and unnecessary when the same amount of money could immediately eliminate the problem beyond 2040.

Rather than creating a new study and set of regulations for every category of GHG emissions, the legislature should use existing legislation which could reduce emissions more effectively and inexpensively.

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