

PA13-79

SB0872

House	6148-6159	12
Public Health	2813-2835, 2938-3021	107
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H – 1167

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2013**

**VOL.56
PART 18
5882 – 6232**

The House of Representatives is voting by roll.

The House of Representatives is voting by roll. Will members please return to the Chamber immediately.

DEPUTY SPEAKER SAYERS:

Have all the members voted? Have all the members voted? Please check the board to see that your vote has been properly cast. If all the members have voted then the machine will be locked. And the Clerk will take a tally. The Clerk will announce the tally.

THE CLERK:

Substitute Senate Bill 1129 in concurrence with the Senate.

Total Number Voting	132
Necessary for Adoption	67
Those voting aye	132
Those voting nay	0
Absent and not voting	18

DEPUTY SPEAKER SAYERS:

The bill passes in concurrence with the Senate.

Would the Clerk please call Calendar number 618

THE CLERK:

On page 35, Calendar number 618, favorable report of the joint standing Committee on Public Health, substitute Senate Bill 872, AN ACT CONCERNING THE USE

OF INDOOR TANNING DEVICES BY PERSONS' S UNDER THE --
UNDER 18 YEARS OF AGE.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Thank you, Madam Speaker. I move the joint committee's favorable report in concurrence with the Senate and passage of the bill.

DEPUTY SPEAKER SAYERS:

The question before the Chamber is acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate.

Representative Johnson, you have the floor, Ma'am.

REP. JOHNSON (49th):

Thank you, Madam. This -- this bill puts a limitation on the age in which a youth can go into an indoor tanning parlor. And with respect to the limitation there has been an amendment that's been adopted and I ask that the LCO number 7084 be called and I be granted leave of the Chamber to summarize.

DEPUTY SPEAKER SAYERS:

Will the Clerk please call LCO number 7084 and it shall be designated Senate Amendment A.

THE CLERK:

Senate Amendment A, LCO 7084 introduced by
Senator Gerratana et al.

DEPUTY SPEAKER SAYERS:

The Representative has asked leave of the Chamber to summarize. Is there any objection to summarization? Is there any objection? Hearing none, Representative Johnson, you have the floor, Ma'am.

REP. JOHNSON (49th):

Thank you, Madam Speaker. What this bill does -- this amendment does to the bill is it changes the age in which a limitation is placed on youth from 18 to 17. In lines 17, 19 and 20. And so I move adoption of this change.

DEPUTY SPEAKER SAYERS:

The question before the Chamber is on adoption of Senate Amendment Schedule A. Will you remark on the amendment? Representative Srinivasan of the 31st.

REP. SRINIVASAN (31st):

Good afternoon, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Good afternoon, Sir.

REP. SRINIVASAN (31st):

This change -- this -- that the amendment brings for us is a step in the right direction. You know we

need to -- we all know the higher incidences of skin cancers with -- with -- with people under the age of 35 who start using tanning beds. And so for us to make sure that children -- I mean young adults I should say not children at the age of 17 are restricted from using this tanning bed is definitely a step in the right direction, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Klarides of the 114th.

REP. KLARIDES (114th):

Thank you, Madam Speaker. I also rise in support of this amendment. This amendment is the result of a compromise bill and quite frankly a lot of negotiation and discussion for the past few months between the tanning industry, between the dermatologist, the Cancer Society and many other groups that have interest in this.

I'd like to thank the Chairman of the committee and the Ranking Members both in the Senate and the House. And both sides for you know as well know negotiation -- a good negotiation and a good compromise on both sides walk out and don't feel like they got exactly what they wanted.

So I think this is certainly an example of that.

The -- the tanning industry has -- has certainly self-regulated themselves with minors for the most part. This just makes sure that we're continuing to go in that direction for the health of our children. Thank you.

DEPUTY SPEAKER SAYERS:

Will you remark further? Will you remark further on the amendment that is before us? If not, I will try your minds. All those in favor please signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER SAYERS:

Those opposed, nay. The ayes have it. The amendment is adopted. Will you remark further on the bill as amended? Will you remark further on the bill as amended? Representative Johnson.

REP. JOHNSON (49th):

Thank you, Madam Speaker. And I too would like to thank the Ranking Members and all the people who spent their time working so diligently to come to the final conclusion that we have here today. It took a lot of work and the House and in the Senate by all the parties. So thank you so much.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker. Through you, Madam Speaker, if I can have a few questions to the Chairwoman of the Public Health Committee.

DEPUTY SPEAKER SAYERS:

Please frame your question, Sir.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. The recommendation we heard from DPH and other sources was age 18 and I see that we have lowered it down to 17. Through you, Madam Speaker, would this be first step to move in this direction with the hope that we will revisit it again and see if the age has to be changed? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. This certainly is a first step and under -- under 17 is the -- is the language of the amendment and certainly the later someone waits before they start tanning -- doing indoor tanning or exposure to other types of

ultraviolet rays the better off they are. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. Are there any special carve outs for any parental or guardian approval or you know giving consent for tanning under this age of 17. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

No, there are no carve outs. The -- it's a flat ban under 17. Thank you. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

And -- and the final question, through you, Madam Speaker. I do want to thank you for saying that there are no carve outs as far as parental or guardian consent but how about if you get a request from a physician that this child will need tanning. Will that be allowed in the -- in the form that we are going to pass this bill this afternoon? Through you,

Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

All of those -- those possibilities were removed from this and so now the -- the youth will have to wait until they're 17 and through our research on the committee we were to understand from doctors who provided testimony that the need for providing ultraviolet rays in certain circumstances with skin disorders like eczema, all those types of things where someone might be able to use ultraviolet rays with the right kinds of filters these things can be provided at the doctor's office.

And so most dermatologists have access to this equipment themselves and it's not necessary for them to go into a tanning parlor where the ultraviolet rays is not controlled, where they don't have the necessary filters to be able to make an adjustment and adjust for the skin disease. So for those reasons we didn't carve out any of those types of exceptions. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. I do want to thank the Chair for her answers. And as we now know that ultraviolet radiation emitting tanning devices have been added to the list of the most dangerous forms of cancer causing radiation.

And so for us to make the step of banning without any carve outs whether it be parent or guardian or it be coming from a physician's office is definitely the right thing for all of us to do. And I hope in a bipartisan way we will have approval for this bill.

Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Thank you, Sir. Will you remark further? Will you remark further on the bill as amended?

Representative Pat Miller of the 36th. I'm sorry.

Representative Philip Miller of the --

REP. MILLER (36th):

Good afternoon.

DEPUTY SPEAKER SAYERS:

We have a few too many Millers or maybe not enough. I don't know, Sir. But please proceed.

REP. MILLER (36th):

Yes. Good afternoon, Madam Speaker. And yes I

am alphabetically the third of three Millers serving here in the House. I stand in strong support of this bill. This bill has been a work in progress for a long time. Right now I think the proponents have summed up the major findings quite well.

I just want to reiterate that we have been privy to a lot of information that shows us that we've got a couple issues that are worthy of our being aware of and that is first that in our society there's a very big overwhelming pressure for young people to conform to beauty standards if you will which call for tans come prom time, et cetera and graduation time.

And what we're seeing is that while most of the professionals whom we've met in this industry are very conscientious and are pretty knowledgeable and are willing to give the proper guidance particularly -- specifically to adults who are able to follow that. Up until this point we've found there has been a small problem with younger people perhaps who don't have their judgment developed as they will as they age.

And so that is why there is a need because we've noticed a lot of damage being done again despite the -- the pretty good watchful eye of the industry. And we do feel that they're conscientious. And so I think

this is a good compromise and a good first step.

So I would urge my colleagues to support this and I thank the distinguished Chairwoman and the Ranking Member for their positive comments. Thank you, Madam Chair.

DEPUTY SPEAKER SAYERS:

Will you remark further? Will you remark further on the bill as amended? If not, will staff and guests please come to the well of the House. Will the members please take your seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll. Will members please return to the Chamber immediately.

DEPUTY SPEAKER SAYERS:

Have all the members voted? Have all the members voted? Please check the board to see that your vote has been properly cast. If all the members have voted then the machine will be locked and the Clerk will take a tally. The Clerk will announce the tally.

THE CLERK:

In concurrence with the Senate substitute Senate Bill 872 as amended by Senate A.

Total Number Voting	138
Necessary for Adoption	70
Those voting aye	117
Those voting nay	21
Absent and not voting	12

DEPUTY SPEAKER SAYERS:

The bill as amended passes in concurrence with the Senate. Will the Clerk please call Calendar number 620.

THE CLERK:

On page 36, favorable report of the joint standing Committee on Judiciary, Calendar -- House Calendar 620, substitute Senate Bill 1016, AN ACT REGULATING THE PLANTING AND SALE OF RUNNING BAMBOO.

DEPUTY SPEAKER SAYERS:

Representative Gentile.

REP. GENTILE (104th):

Thank you, Madam Speaker. Good afternoon. Madam Speaker, I move for the acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate.

DEPUTY SPEAKER SAYERS:

The question before the Chamber is acceptance of the joint committee's favorable report and passage of

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 9
2727-3065**

2013

470
pat/cd/gbr PUBLIC HEALTH COMMITTEE

March 15, 2013
10:30 a.m.

REP. SRINIVASAN: Thank you and thank you for all that you do.

Thank you, Madam Chair.

SENATOR GERRATANA: Thank you.

NATE FOX: Thank you. Have a good night.

SENATOR GERRATANA: Good night. You, too.

Next is John -- it might be Titus. Okay.

Next is Karen Swanson followed by David Jargrosse.

Is Karen here?

David?

Go to Leah Ferrucci. Not here.

Lauren Hurd. Hi, Lauren.

LAUREN HURD: Hello. Senator Gerratana, Representative Johnson and members of the Public Health Committee, hello, and thank you for having us.

SB 872

My name is Lauren Hurd. I'm from Hamden, Connecticut. I testified in 2011 and 2012, and I tell my story again this year in order to fervently reinforce the need for a complete ban on tanning beds for people under 18.

Tanning is big business. According to the American Academy of Dermatology, almost 30 million people in the U.S. tan every year, 2.3 million being teenagers. I was part of that statistic until four years ago when I was diagnosed with the deadliest form of skin cancer,

malignant melanoma. Those are not two words you expect to hear at 22.

I began tanning in high school at 17. For me, it was a friend saying, we're going tanning for prom, come with us. Pretty soon it became a frequent occurrence and the ritual continued long after prom. Throughout college, I tanned regularly with my friends. To say that the effects were gratifying would be an understatement, I was addicted.

The psychological effect this drug had on me and continues to have on countless other people creates an undeniable dependence. The sad reality is that I had no concern for the silent damage I was doing to my body. I chose to ignore warnings and made excuses for it along the way. Due to my lack of concern, lack of education regarding UV exposure and skin cancer and my tanning addiction, I was diagnosed with cancer.

Young people maintain the notion that they are somehow invincible. I discovered the hard way how wrong I was. At that age, the negative repercussions of doing something seemed like some vague possibility that could present itself far in the future. However, I'm here to stress the fact that this is an imminent threat to our youth. A deadly cancer that was found primarily in older patients is now being seen in some as young as teenagers.

In my opinion, the issue with minors in tanning is threefold. Number one, mixed information coming from a variety of sources causes confusion about the true health risks. Tanning devices are not classified properly and because of this adults can have a hard time making educated choices, let alone minors. Teenagers will always choose to believe the information that supports what they are doing. I know I did.

Number two, minors do not understand with skin cancer means. In fact, some adults I have spoken with do not truly have a concept of the severity of this particular type of cancer. Shockingly, many still don't realize it has the very real potential to kill.

Number three, the age-old adage that people don't think it will happen to them. But it is happening to those as young as teens and twenty-somethings. People are dying unnecessarily and younger than they ever did from cigarette smoke.

As members of the Public Health Committee, please strongly consider helping to protect the youth of Connecticut, your children, grandchildren, nieces and nephews by supporting Bill 872, banning the use of indoor tanning beds for those under the age of 18 without compromise. Thank you.

SENATOR GERRATANA: Thank you, Lauren. Had you submitted your testimony?

LAUREN HURD: This morning it was submitted.

SENATOR GERRATANA: Okay. Okay. Well, thank you very much.

Are there any questions?

I think not, thank you.

Next is David Boomer.

DAVID BOOMER: Thank you, Senator Gerratana, Representative Johnson and members of the committee. I'm David Boomer. We represent the (inaudible) we represent the indoor tanning salons in Connecticut. We submitted testimony from Karen Bentlage. That's on your web page. I'll be referencing that. She is a proprietor of

Future Industries, which is a firm in Milford that supplies tanning equipment and products to salons all over the country. And she's a leader in the tanning salon sector here.

Ladies and gentlemen, I just want to make a few points. I -- as the prior speaker stated, this bill has come up before. Every year, we have a hearing on it, to ban minors from tanning; and then every year, nothing happens. The bill doesn't go anywhere. If you're interested in trying something new, we have a compromised proposal that we put on the table that I'd like to go over with you quickly and then advocate it to you. I think it's something that could bring legislators from both sides together and pass.

Back in January, as many of you know, we copied you on this material, members of the salon community, 100 in all, signed on to a protocol on tanning by minors. They've implemented it. They're doing it now. You'll hear from Paul Harrington of Tommy's Tanning, who can explain how they've implemented this protocol. You'll also hear right after me from Jill Levy who's an expert on the health issues on tanning. So if you have questions on that, I'd encourage you to ask them even though noting the late hour.

But the protocol that the salons have adopted and -- is threefold: first, there's no tanning by anyone under 16 unless they have a doctor's order, and that was -- would be typically for psoriasis, eczema or severe acne; second, if you're 16 or 17, you can tan, but you must have the written consent of a parent or guardian; and then third is a copy of that policy has to be displayed prominently in the salon. That protocol was the subject of a lot of discussion among the salon members. Some did not want to do it because they feel that it's the -- this should

be left up to parents and the minors, a family issue.

Others told me, they said, well, we're going to - - we're going to look like we're conceding that there's a danger with this and that we -- we work with our customers, we help them so that they don't over expose. And I said, no, I -- we won't concede that. But what we did talk about is compromise. And they're meeting you more than half of the way, I think, and we'd encourage you to consider this and substitute this for the bill, and we'll submit language to you on Monday (inaudible).

SENATOR GERRATANA: Thank you very much. We look forward to receiving it.

Okay. Any questions? No.

Thank you, David.

Next is Joseph Levy.

JOSEPH LEVY: Thank you, Madam Chairman, members of the committee. I'm Joseph Levy. I am the scientific advisor to the American Sun Tanning Association and executive director of International Smart Tan Network, which is the educational institute that trains indoor tanning facilities in North America. I've done that for 21 years, developed the state-approved UV training materials for most of North America.

A lot of confusion on this issue, melanoma researcher, Dr. Jonathan Rees from Newcastle University in England once wrote that "melanoma is an example of politics and science becoming tragically intertwined that an amicable separation was desired." What he's talking about is the fact that there's so much misinformation on this. Melanoma is more common in people who

work indoors than in those who work outdoors. Outdoor workers get three to nine times more UV exposure. It's more common on parts of the body that don't get regular sunlight. It does not have a straightforward, clear cut relationship with UV exposure, and we don't know what the mechanism is exactly. There are theories on it, but it doesn't have a straightforward relationship.

The proponents of this bill have not effectively respected that nuance and that's really the nature of our -- of our disagreement. That's the problem, that's what Rees was talking about.

Research dermatologist, Dr. Bernard Ackerman, whose the founder of the field of dermatopathology -- he's a giant in dermatology and pathology amongst his profession -- agrees with my -- and in fact, in his last book, he specifically endorses the position that Smart Tan created, that he says, "Paradoxically, business is sometimes more academic then academia," that Smart Tan gets it but the other organizations who are pursuing this, don't get it. He promoted sunburn prevention, not sun avoidance as the way to teach proper sun care education. And that's because Ackerman and Schuster and folks like Dr. Arthur Rhodes, who's a melanoma researcher at Rush University Medical Center in Chicago, know that the number one risk factor for melanoma is the number of moles on your body. That if you have more than 40 moles, it is a tenfold increase in risk for melanoma, regardless of your exposure.

The number two risk factor is red hair. Number three is your heredity. And those are independent of UV exposure. And so Rhodes wrote an essay in the Mayo Clinic Proceedings where he talked about that he had a colleague who is a doctor -- whose wife was a doctor, and the

colleague never took his shirt off outdoors and had a lesion on his back who he figured it couldn't be suspicious, he didn't have to have it check it out.

It turns out -- and his wife who was a doctor concurred, and it turned out it was a melanoma and the man died of the melanoma thinking that because melanoma is only caused by the sun he thought, this couldn't possibly be a melanoma. The point is effective melanoma education has to teach sunburn prevention but has to teach what those risk factors are, and that's what all of these independent dermatologists and pathologists are talking about.

The professional salon industry teaches sunburn prevention. We've passed out materials to you showing that we effectively teach it. There are risks to overexposure. The proposal that we put forward to you respects that and respects that there is a middle ground in this, that we can probably move forward and do something constructive together.

I have other points that I have put in my written testimony but I know I've spoken to most people here today already at some point during the day. I'm happy to answer any of your questions, particularly as it pertains to the World Health Organization report which doesn't pertain to tanning salons. It pertains to sunbeds and sunbeds are used by dermatologists who -- their sunbeds actually produce most of their increase in risk in the report. Again, here in the spirit of cooperation to try to finally put some end to this issue. Thank you very much.

SENATOR GERRATANA: Thank you.

Are there any questions?

If not, thank you. Have a great evening.

Next is Paul Harrington.

PAUL HARRINGTON: Good evening, Senator Gerratana, Representative Johnson and members of the committee.

My name is Paul Harrington. I'm the director of sales for Tommy's Tanning, Connecticut's largest tanning salon chain. We currently employ nearly 100 people, have 14 locations, and have operated successfully for 27 years. I joined Tommy's Tanning five years ago after working in a national capacity for eight years at California Tan, one of the largest tanning lotion manufacturers in the world.

It has been and will continue to be our goal to protect everyone, including minors, from the risks associated with the use of tanning devices.

We respectfully submit that we have always gone beyond the current regulation. We, along with other tanning salons in Connecticut, have implemented a protocol that prohibits tanning by individuals under 16 without a doctor's order. Further, teens 16 and 17 can tan but must have the written consent of a parent or guardian. Finally, our protocol requires that this policy be prominently displayed in all of our offices.

I know you're aware of the current state law on parental consent and applies to customers under the age of 16. We go well beyond that current law in this and other respects.

Secondly, we currently provide written material to all of our clients, including minors and parents and/or guardians of the risks associated with indoor tanning, including the potential risk of developing skin cancer in four ways. First,

is our client consent form; second, there are uniform FDA approval warning labels on each piece of equipment. These FDA warning labels reflect the uniqueness of each tanning device in the complicated approval process between manufacturers and the FDA; thirdly, we have the same danger signs required by bed manufacturers, per the FDA regulations, posted on all of our front counters for clients to review; and finally, all of our staff is Smart Tan Certified, educated about the tanning process in order to minimize risks.

We take our responsibility very seriously, and we work with our client to make sure they tan responsibly. This decision should be left to the families to make and not the government.

Our salons are state-of-the-art, safe and clean. If you tell a minor who is 17, nearing legal adulthood, he or she cannot do something, they will probably think of a way to get around this prohibition. Maybe they will stay outdoors, tanning longer and overexposing in an uncontrolled environment or they might visit a friend's home who has a tanning bed and tan without any limit or in a way that not follow our industry guidelines. Either way, I would just urge you to think of the possible unintended consequences of this bill.

Our industry in Connecticut has stepped up to the plate on this issue. Our protocol to limit tanning by teens under 16 and require parental consent for 16- and 17-year-olds has been implemented and it's working. The industry is regulating itself, and I would ask that you respect this process and permit us to continue to do so throughout the balance of 2013.

Thank you for hearing my comments.

SENATOR GERRATANA: And thank you. Thank you for being so succinct.

Are there any questions? No?

Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair.

Thank you very much for your testimony. So are we then looking at that narrow window of age 17 to 18? Is that what the bill is about? Because until 16, they cannot tan unless they have a doctor's authorization for a need to tan. So who are we targeting here? Only the age of 17 to 18?

PAUL HARRINGTON: The -- well, the current regulation on file is anyone under the age of 16 would require parental consent is what's on file now. What we're suggesting and what we implicated since January is we do not tan anyone under the age of 16 unless there is a doctor prescription. And 16- and 17-year olds we want the parent there to give their parental consent that they're allowing their 16- and 17-year-old to tan. And at any time that parent or guardian can let us know that they're revoking their consent, and we will then take them out of the system, and then they wouldn't tan until the parent says it is okay for my son or daughter to tan.

REP. SRINIVASAN: So at age 17, do they need parental consent or they do not need that according to you?

PAUL HARRINGTON: With our new protocol, yes.

REP. SRINIVASAN: So they will need it all the way up to 18?

PAUL HARRINGTON: Correct.

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March 15, 2013

pat/cd/gbr PUBLIC HEALTH COMMITTEE

10:30 a.m.

REP. SRINIVASAN: Okay, 16 and 17?

PAUL HARRINGTON: Correct.

REP. SRINIVASAN: Somehow we'd be talking about 16 and 17 separately. I thought the 17 did not need any consent at all.

PAUL HARRINGTON: I apologize. No, 16 and 17 need parental consent.

REP. SRINIVASAN: So with parental consent, they would be able to tan?

PAUL HARRINGTON: Correct.

REP. SRINIVASAN: Okay. And below 16 they need -- they need not just parental consent, they need a note from the doctor, as well.

PAUL HARRINGTON: Correct.

REP. SRINIVASAN: Okay. Thank you. Thank you for that clarification.

Thank you, madam.

SENATOR GERRATANA: Thank you.

Hello.

DR. SUSAN MAYNE: Thank you. I'm Susan Mayne. I'm testifying in favor of Senate Bill 872.

I'm a tenured professor of Epidemiology at the Yale School of Public Health. I conduct research on the causes of human cancer. I've been doing this for 25 years in the state of Connecticut. I also work at the Yale Cancer Center. The rest of my scientific qualifications are detailed in my written testimony. Two of my primary areas of scientific expertise include indoor tanning and

skin cancer risk, and the health effects of vitamin D.

Beginning with risk, there is no doubt in my mind that indoor tanning causes both melanoma and non-melanoma skin cancers. And one of -- one thing I will point out later is the testimony that they mentioned -- they omitted non-melanoma skin cancers, which are the most common human cancers.

Recent studies of younger people, including some of our own work in Connecticut, are clear on linking indoor tanning with elevated skin cancer risk. In a study we recently completed, published last year in 2012, what we -- what we did is we studied 800 people from Connecticut, all under the age of 40, and we interviewed them about their tanning habits, and what we found was that every indoor tanning was associated with a 69 percent increased risk of basal cell carcinoma. In females it was stronger and that's because the females in our study tanned much more frequently than did the males. In our study, more than 80 percent of the females who had skin cancer under the age of 40 reported indoor tanning. Note also that a third of our study subjects had already had more than one skin cancer before the age of 40.

The tanning industry claims that burns account for the risk -- you just heard that testimony -- that is simply not true. In our study, risk was increased even in indoor tanners who never reported getting burned. The industry also claims that it's home tanning rather than commercial tanning that is driving that risk. We asked about where people tanned. In our study, the vast majority of tanning was done in commercial facilities.

The tanning industry will tell you that when you take people with the fairest skin out of the

analysis, there's no longer a risk. That is also untrue, read our paper. The tanning industry will tell you that we failed to take into account the fact that indoor tanners also get outdoor UV exposure. We took that into account.

So the industry, including Mr. Levy, continues to promulgate falsehoods, while credible scientific organizations have reviewed all of the data and have classified indoor tanning devices as carcinogenic.

The indoor tanning industry has also long claimed health benefits from vitamin D -- we've all seen it on the web, we've seen it everywhere -- despite the fact that it's purely scientifically unsupported. According to the National Academy of Sciences Committee on Vitamin D, for which I served as a member, the length between higher vitamin D status and reduced risk of any cancers is inconsistent and far from proven.

I'm happy to take any questions about vitamin D that you may have.

The tactics used by this industry are similar to those previously used by the tobacco industry. I know because I work in the field of tobacco research in relationship to cancer. The ploy here is really to try to get kids hooked when they are young to be their future by clientele. But the same parallel holds for what we must do as public health professionals, we must ban it in minors as we do for tobacco. Adults, which comprise most of their market according to their own statement, are free to choose, that is what they are allowed to do. Businesses can offer spray on tans. Avoiding cancer saves lives and dollars, so I respectfully request that we act now to protect vulnerable minors in Connecticut from this dangerous exposure without compromise.

And I'd like a few moments just to comment and rebut some of the testimony that I heard.

SENATOR GERRATANA: Well, if you can summarize, we'd appreciate it.

DR. SUSAN MAYNE: Very quickly, very quickly. The comment about comments from books. Books are published based on outdated science. Our study was published last year in 2012. When this bill came up in previous years, we didn't have the strength of science that we do here today. It's continued to grow.

SENATOR GERRATANA: Actually, Dr. Mayne, is there, perhaps a link to that, a web address to that study or --

DR. SUSAN MAYNE: I'll send it to you, absolutely.

SENATOR GERRATANA: Thank you.

DR. SUSAN MAYNE: It's cited in my written testimony. Ferrucci is the first author.

SENATOR GERRATANA: Okay, thank you.

DR. SUSAN MAYNE: Another thing I think it's really important to point out is the fact that they continue to neglect non-melanoma skin cancer. And many people say non-melanoma skin cancer is not a big deal, but it is the most common cancer, 2 million diagnoses a year in the United States. And because there is so -- it's so common, it turns out to be one of the top five most costly cancers to treat in our Medicare population. So if we're increasing risks of BCC, basal cell carcinoma, in these young people, think what that -- what that means in terms of future risks of skin cancer and the health care costs of treating all of that.

The last thing I think we have to continue to point out is their testimony is designed to deceive and to mislead. Statements like, "not all melanomas are caused by -- by sun exposure," well, obviously, not all lung cancers are caused by tobacco exposure either. We all know that about 15 percent of lung cancers occur in non-smokers. Does that mean that tobacco doesn't cause lung cancer? This is misleading testimony designed to mislead. So that -- those are my remarks, and I'm happy to take any questions you may have.

SENATOR GERRATANA: Thank you.

Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair.

Thank you very much for your testimony. In that study that you just talked about and, of course, we will look it up in your testimonies there, could you break down the age group that you studied -- were there -- of those 800 patients, if I remember correctly, how many of them were below the age of 18, 17 to 18 that group, and how much beyond the age of 18?

DR. SUSAN MAYNE: In terms of when they started tanning, or when they were diagnosed with cancer?

REP. SRINIVASAN: In terms of when they started to tan.

DR. SUSAN MAYNE: Yes. We did break that down. What we had was actually a pretty narrow range and so what we found is 50 percent of the subjects reported tanning before the age of 17 in our study. But, actually, most of them started in the range of 15 to 16, 17, 18, 19. We had a very narrow range of tanning initiation. So the risk, we weren't able to really separate that out, but

it is presented in our data. So I think it's an important point that most, the majority, started before the age of 18, and; therefore, I think it's really important that we think about banning that exposure in that population.

Leah Ferrucci and others, had they been here to testify, would have also pointed out the literature on tanning addiction. And one of the things that we know about addiction, in general, is that the earlier the people engaged in addictive behaviors, the more likely they are to become addicted. We know that for tobacco and we know that for alcohol. So if the same thing holds for tanning, having people get exposed at their earliest ages when they are most likely to be addicted is of great concern to the public health community.

REP. SRINIVASAN: Thank you very much for that clarification.

Thank you, Madam Chair.

SENATOR GERRATANA: Certainly.

Are there any other questions?

If not, thank you so much. Thanks for hanging in there, and we appreciate your testimony.

Dr. Phil Kerr, okay, followed by Avery LaChance.

Avery.

AVERY LACHANCE: Thank you, members of the Public Health Committee -- hi -- for the opportunity to testify on behalf of SB 872. For those of you I have not yet met, my name is Avery LaChance. I'm a dual degree, MD-MPH student from UConn, who is planning to pursue a career in dermatology.

I first became interested in the health risks associated with indoor tanning after taking an indoor tanning webinar hosted by Yale University this past summer. The lecture was invigorating and sparked me to learn a little bit more about the health risk associated with indoor tanning and, in doing so, as Dr. Mayne mentioned, I found that indoor tanning was linked with both melanoma, the deadliest form of skin cancer, as well as non-melanoma the forms of skin cancers, including squamous cell carcinoma and basal cell carcinoma, both of which, as Dr. Mayne mentioned, are significant causes of medical morbidity and medical expense within the US.

Also, as opposed to other types of solid tissue tumors that have been often -- been found to be decreasing within the US, melanoma has actually been found to be increasing over time. And from 1973 to 2003, they've found about 150 percent increase in melanoma over that period of time, and there's no doubt that indoor tanning has been contributing to that increased risk, especially in younger and vulnerable populations.

One study found that individuals that were diagnosed with melanoma from 17 to 29 years of age, 76 percent of those melanomas were attributable to indoor tanning, and that's even just one session of indoor tanning for those individuals. Unfortunately, indoor tanning has also been shown to be addictive in nature, and as Dr. Mayne mentioned, that addiction potential is increased for individuals that begin tanning at a younger age. And because the risk for melanoma in both forms of skin cancer is dose dependant, people that begin tanning when they're younger and as -- had that chance and then -- and become addicted, have increased exposure to UV rays and then, therefore, an increased risk for skin cancer over their lifetime.

Overall, the more and more that I read, I really became pretty appalled with the health risks that were associated with indoor tanning and it was clear to me I couldn't just sit back and do nothing. As I realized these health risks that were associated, and I hope that you all leave this Public Health hearing feeling similarly.

So, unfortunately, the tanning salon, as well as the tanning salons in the -- have targeted the young and vulnerable population with their messages. Teens today are being raised in an environment in which there are prom tanning packages and there are, you know, messages with celebrity pop stars talking about Gym Tan Laundry as being their life mission or GTL, so, you know, this is not an environment that's conducive to celebrating natural skin tones.

Overall -- overall, these health risks -- these messages ignore the significant health risks associated with indoor tanning. And this risk is propagated by peer pressures within our high school, pressures that I myself felt when I was a high school student not too long ago and people would start flocking to tanning salons prior to prom. And frankly, overall, in my mind I think that it's time that we change the message that we're giving to young individuals within the state of Connecticut to one that celebrates natural skin tones, natural beauty, moving away from having to try and get this bronze skin tone that's artificial and increasing health risk. And I think with SB 872 we have the chance to do that, and I really feel that now is the time to act and we have the chance to do that now.

SENATOR GERRATANA: Thank you, Avery. I was reading along with your testimony.

Can you tell me anything -- I know you've been studying this, can you tell me anything about the UV rays that are used in the tanning salons?

AVERY LACHANCE: Sure. I'm actually, yeah, thrilled you asked that question because as some of the previous testifiers brought up that sunbeds were what is used by dermatologists, that's false actually. Dermatologists use phototherapy. It's a different -- very different and significantly different than indoor tanning salons. Indoor tanning salons -- the original research showed that they thought that it was UVB rays that were increasing the skin cancer potential so they moved to predominately UVA rays that were being emitted by the sunbeds in tanning salons, it's like 90 to 95 percent UVA and a smaller percent UVB in current tanning salons practices. But the current research has shown that both UVA and UVB significantly increase the risk for skin cancer, so they have both of those, but it predominately UVA.

The phototherapy devices that are used by dermatologists hone in on specific wavelengths that they're actually looking for, so for instance, certain conditions, inflammatory conditions, like they were talking about psoriasis and eczema, are more responsive to certain wavelengths that are given in phototherapy devices. So there's, for instance, narrow band UVB give a specific dose amount of UVB light and there's much shorter periods -- much shorter wavelengths that are channeled in and they can filter out the other wavelengths of UVA to try and get rid of the risk benefits -- to get rid of the risk and maximize benefit with that narrow band UVB. And on the other side, the ones that use UVA often times you're given a medication called a psoralen which is a chromophore and it's reactive in the skin and it makes you more responsive to the UVA lights. So

just getting UVA by itself without that psoralen doesn't increase the benefit that you can get with a medical therapy with psoralen plus UVA, it's called PUVA therapy. So there's a big difference whether you're using PUVA, narrowband UVB or UVB as a phototherapy device, and it's very different from a sunbed and a traditional tanning device.

SENATOR GERRATANA: Thank you for that. A lot of information at this time in the morning, but I asked for it.

AVERY LACHANCE: Happy to break it down if I -- if you -- by e-mail if you -- if you need.

SENATOR GERRATANA: I asked but thank you. I really appreciate it.

Does anyone else have any questions? No.

Well, thanks for hanging in there. Have a good morning.

AVERY LACHANCE: You're welcome. Thanks for sticking it out.

SENATOR GERRATANA: Have a good morning.

Next is Bob Heffernan followed by Kathi Traugh.

BOB HEFFERNAN: My name is Bob Heffernan. I'm also here to support Senate Bill 872 on banning indoor tanning for minors. I am a stage 4 melanoma patient. I've been treated both at Yale and the National Institutes of Health in Bethesda, Maryland. And I am a classic case of UV-caused melanoma. I've lost the protection of my head, and if you can look closely, you could see part of my scalp is gone. I, one day felt a pimple on top of my head and in January 2007 and it's been an incredible journey from there on that led me

all the way from Yale to the NIH in Bethesda Maryland. The same kind of UV rays that are in tanning salons are basically what caused my cancer.

I want to tell you why this bill is needed and -- because you need to know why melanoma is so dangerous. This -- the statistics for me, and anybody who has stage 4 melanoma, are that I have a 95 percent chance of dying in five years. So what's happened is my -- my cancer started in my scalp and went to the lymph nodes in my neck and then it's in my right lung right now. The reason melanoma is so dangerous is because it is a nasty cancer that hitches a ride on lymph fluid and your blood. And what happens is it lodges, most famously, in the lungs, the liver or the brain. As a matter fact, the melanoma patients of Yale met last night and one of our patients last night just started to get 13 brain tumors, so it's extremely dangerous.

The other thing about melanoma is it does not respond to chemotherapy. The only treatments for melanoma are immunotherapy treatments. There -- surgery, of course, is the first defense and if they can't catch it with surgery, then you have only four FDA approved drugs, that's all there are, interferon, interleukin 2, Ipilimumab, and Vemurafenib. None of these four drugs have a cure rate of higher than 10 percent. And what they do is they rev up the immune system to go after the cancer. So what we've seen is a huge spike in melanoma in young people between the ages of -- excuse me -- 20 and 29. And the reason for that is because a melanoma takes two to five years to develop by the time you see it on the skin. So when they -- when a young person as in their twenties and they have melanoma, it started probably when they were in their teens.

So the reason why I wanted to be here tonight is that you need to know we have to do whatever we can to prevent melanoma in the entire general population, and especially in young kids, because the medical science has not caught up with the cures.

SENATOR GERRATANA: Thank you for sticking it out tonight and coming here and giving us your startling testimony. It certainly is -- we do appreciate it.

Are there any questions?

I guess not, thank you, sir. Thank you for coming and take care of yourself.

Kathi Traugh. She's not here.

Peter Spain.

PETER SPAIN: Chairwomen and members of the committee, I'm here to support SB 872. My name is Peter Spain and my written testimony describes my relevant background.

There is no such thing as a safe cigarette, and there is no such thing as a safe indoor tanning booth, especially not for children. No doubt we've got some complex issues in Connecticut to deal with right now, but banning indoor tanning for minors under 18 I contend is simple.

Indoor tanning is a potent carcinogen. Yale researchers found that nearly half of all cases of the most common type of skin cancer in women under 40 in the state could be prevented if they had never tan indoors, nearly half. So we take away the exposure, and you could do away with nearly half of the most common type of skin cancer with women under 40 rights here, right now. Who wouldn't want that?

The president of the American Academy of Dermatology, Dr. Dan Siegel, a dermatologist in private practice, recently described the enormous difference between phototherapy and an indoor tanning salon. To quote Dr. Siegel, The crucial disparity is that phototherapy is closely monitored and supervised by a medical doctor who has the appropriate training. This type of medical care is not provided at an indoor tanning salon. The FDA approves medical phototherapy devices for use in a clinical setting. The FDA does not approve the use of indoor tanning devices for medical treatment, nor does it recognize an indoor tanning bed as a medical device, end of quote.

So please, while you considered banning indoor tanning for minors under 18, I respectfully request that you make it a complete ban. Medical care for minors is not occurring in tanning beds in Connecticut. Cancer-causing exposures are. Tanning booths are gateways to preventable skin cancers. If we ban minors under 18 from indoor tanning in our state, we prevent about 75 new cases of skin cancer in people under 40 each year, with 20 of those being melanomas, the most lethal type of skin cancer.

Right now one in five high school girls in our country have indoor tanned in the past 12 months. That increases to one in three in the 12th-grade girls. What percentage -- excuse me -- with percentages that high, one in three 12th graders, could a prescription exemption created a prom tan loophole or worse? I hope we don't find out.

Please support the complete ban to protect minors from the dangers of tanning booths. That simple, let's do what's right today for our kids to prevent cancers tomorrow. Who doesn't want that?



Connecticut SB872 Opposition Testimony
Joseph Levy, American Suntanning Association
March 14, 2013

Thank you, Mr. Chairman and Members of the Committee. I am Joseph Levy, scientific advisor to the American Suntanning Association and executive director of the International Smart Tan Network, the training and educational institute for the North American sunbed community.

For 21 years I have developed UV training materials for thousands of professional sunbed centers and state regulators and serve as our chief scientific liaison as a long-time member of the American Society for Photobiology.

Melanoma researcher and professor of dermatology Dr. Jonathon Rees from Newcastle University once wrote that melanoma is an example of politics and science becoming tragically intertwined and that an amicable separation is required.

That's because melanoma is more common in INDOOR workers than it is in OUTDOOR workers, according to the World Health Organization. And it's most common on parts of the body that DON'T get regular UV exposure. The nature of its relationship with UV light from ANY source is not understood, and clearly is not straightforward.

The proponents of this bill have not effectively respected that very important piece of science It is NOT disputed. It is part of the nuance of sun care that is missing in their campaign. And while we ALL agree on sunburn prevention, this important caveat about practical sun care is our biggest source of disagreement.

And that's the problem That's what Rees was talking about.

And THAT's why research dermatologist Dr Bernard Ackerman -- the man largely credited with founding the field of dermatopathology and who trained more dermatopathologists than anyone else on the planet -- supports what I'm telling you. He wrote in his last book "Paradoxically, business sometimes is more academic than academe. Smart Tan got it! But the Skin Cancer Foundation, like the American Cancer Society and the American Academy of Dermatology, does not get it." Ackerman promoted sunburn prevention - not sun avoidance - and that suntans are natural. And he's not alone

That's why Dr. Sam Shuster, a British Professor of Dermatology, has written if you think a tan is "damage" to the skin you should tell that to Charles Darwin: That a tan is part of nature's intended design to prevent sunburn. Calling it "damage" is like calling exercise "damage" to muscle tissue.

That's why melanoma researcher Dr. Arthur Rhodes, a dermatology professor from Chicago wrote an essay in the Mayo Clinic Proceedings titled "Melanoma's Public Message" telling his peers that over-playing the "sun causes melanoma message" may be doing more harm than good. That the number of moles, red hair and hereditary factors are the biggest risks.

In other words: This ISN'T straightforward. Saying that UV exposure from any source is harmful and should be avoided is like saying that water causes drowning, and therefore we should avoid water. It misrepresents the complex and intended relationship that all living things have with UV light.

Professional sunbed salons are perfectly willing to teach that balanced message. And we do. With warning signs and consent forms that are already part of the standard here in Connecticut and which are accepted nationwide. We teach balance and responsibility in a CREDIBLE fashion - one that respects the intelligence of the consumer.

The proponents of this bill, however, have misled you about the nature of the word "carcinogen" as it relates to UV exposure and sunbeds and what it actually means to be a "level one carcinogen" according to the federal government.

They have said UV is in the same category as tobacco, arsenic and even plutonium to scare you. What they DIDN'T tell you is that, also in that same Level one category, are BIRTH CONTROL PILLS, salted fish, red wine, even sawdust and many other things we DO experience in our daily lives. What they didn't tell you is that, on that list of carcinogens, only ONE stands out as something every human on this planet NEEDS in order to live. UV light.

Comparing UV exposure to cigarettes? As Rep. Ed Henry said last week in a public health committee in Alabama to a dermatologist who said tanning was as dangerous as tobacco, "You don't walk outside and get TOBACCO naturally."

(3) Proponents of this bill have failed to disclose a very important caveat about research into the risk of sunbeds -- most of it does NOT actually study tanning salons. For example, fully HALF of the subjects in the WHO report -- the one they claim showed a 75 percent increase in melanoma risk for under-35 users -- HALF were home unit users or used sunbeds in dermatology offices to treat psoriasis. If you remove the home units and the dermatology units, 75 percent becomes just 6 percent. It's their own data.

They didn't tell you that removing Skin Type I subjects from the data -- fair skin people who DO NOT TAN IN SALONS in the United States, but who are in the studies from solarium in Europe used for therapeutic reasons -- removes the increase in risk.

In the United States trained operators screen them out using screening we developed with Dr. Thomas Fitzpatrick (the Harvard University dermatologist who DEVELOPED the Fitzpatrick Skin Type System). Removing them from the studies ELIMINATES reported risk for people with skin that can tan.

All of which begs the question: According to the World Health Organization's own data, MEDICAL USE of sunbeds in a dermatologist's office for the treatment of cosmetic skin conditions is 16 TIMES -- that's 1,600 percent -- greater as a relative risk as compared to commercial sunbeds.

So if sunbeds are really such a risk, why are the bill sponsors standing here today asking you to allow DERMATOLOGY to continue to use sunbeds to treat purely cosmetic skin conditions that kill no one? Dig deeper and you'll find that dermatologists often refer to their own sunbeds as "safe" even though the government considers them a Class 1 Carcinogen and are actually lobbying to increase client access to their use of UV sunbeds to treat purely cosmetic skin disease.

That's a contradiction, and we believe it deserves further discussion before anyone acts on this type of legislation.

(4) Professional sunbed centers in the U.S. today are trained to use FDA-created exposure schedules to gradually induce a suntan while minimizing the risk of sunburn. This is not a random procedure. Our market has strived to improve that protocol through constructive cooperation with state and federal regulators and through even more aggressive self-regulation. Combined, that differentiates us from most of the rest of the world where sunbeds are frequently used in unmonitored settings without trained operators to prevent sunburn.

Bottom line: If teenage access to sunbed salons is unnecessarily restricted, three out of every four teenagers who today use sunbeds in professional tanning centers with their parents' permission will purchase or use unregulated HOME tanning equipment and will simply tan more aggressively outdoors, leading to an INCREASE in injury.

International Communications Research, a firm that does public health surveys for the Harvard School of Public Health, did that survey. It will happen. Check EBAY or CRAIGSLIST yourself -- the units are out there. That would simply create an underground, unregulated, uncontrolled "garage tanning industry" and you will be CREATING a problem - not solving one.

In conclusion, we are here to be part of the solution and to discuss this issue constructively. And if the bill sponsors would like to work with us to discuss the science and real-world solutions to the issue of sun care education, we're here. We'll do that. Wouldn't we ALL be better served by that?

That is why we ask you to reject this bill and to consider the proposal Connecticut salons have delivered to you today. You CAN send a balanced message to this state and your constituents that sun care is serious business WITHOUT over-reaching and going beyond the data. I am delighted to answer any of your questions in greater detail.



**Testimony on Senate Bill 872 An Act Concerning The Use of Indoor Tanning Devices By
Persons Under Eighteen Years Of Age
Public Health Committee
March 15, 2013**

Senator Gerratana, Representative Johnson and members of the Public Health Committee, on behalf of the almost 8,500 physicians and physicians in training of the Connecticut State Medical Society (CSMS), American College of Physicians Connecticut Chapter (ACP) and the American College of Surgeons Connecticut Chapter (ACS), thank you for the opportunity to provide this testimony to you today on Senate Bill 872 An Act Concerning The Use Of Indoor Tanning Devices By Persons Under Eighteen.

The hazardous effects of ultraviolet (UV) radiations are undisputed: skin cancer formation, premature aging of the skin, cataract formation, impairment of the immune system, photosensitizing reaction with various drugs and or aggravation of certain systemic diseased. The toxic effects of excessive exposure to UV tanning bed exposure was recently classified as a Category I "carcinogenic to humans" by the International Agency for Research on Cancer (IARC). This essentially places tanning bed radiation in the same toxic category as tobacco and tobacco smoking, mustard gas, and plutonium, among other carcinogenic agents.

Even with well-documented risks of tanning devices, the high volume of use by minors is alarming. A 2010 survey in the Archives of Dermatology reported that 35 percent of seventeen year old girls alone use indoor tanning devices. The high use of such machines by minors has led many experts to believe this is why skin cancer is the second most common form of cancer for young people 15 to 29 years old and this age cohort is experiencing an increase in incidence.

With such clear science behind the health hazards associated with the use of tanning beds, particularly by those under 18, we urge this committee to pass legislation completely banning the use of such beds by minors. There is simply no safe approach for minors to tan using tanning beds. The risks are too great and the rewards too limited. We also ask that language be amended to prevent referral to a tanning bed by a physician in most cases., Physicians have at their disposal other safe and therapeutic methods such as phototherapy when the use of light in treatment is warranted.

Thank you for the opportunity to provide this testimony today. Please protect our children by prohibiting the use of indoor tanning beds by minors who may not know the potential risks, including loss of life, that tanning beds could cause because of long term exposure to ultra violet radiation in such a concentrated fashion.

**TESTIMONY ON BILL 872 AN ACT CONCERNING THE USE OF INDOOR TANNING
DEVICES BY PERSONS UNDER EIGHTEEN YEARS OF AGE**

Senator Gerratana, Representative Johnson and Members of the Public Health Committee:

I wanted to thank you for your dedication to public health and for hearing this important bill concerning legislation of tanning devices for minors. My name is Lauren Hurd and I am from Hamden, Connecticut. I testified in 2011 and 2012 and I tell my story again this year in order to fervently reinforce the need for a complete ban on tanning beds for people under 18.

Tanning is big business. According to the American Academy of Dermatology, almost thirty million people in the U.S. tan every year, 2.3 million being teenagers. I was part of that statistic until four years ago when I was diagnosed with the deadliest form of skin cancer - malignant melanoma. Those are not two words you expect to hear at 22.

I began tanning in high school, at age seventeen. For me, it was a friend saying, "We're all going tanning for prom, come with us!" After brief hesitation, I agreed to go and pretty soon it became a frequent occurrence. The ritual continued long after prom. Throughout college, I tanned regularly with my friends. To say that the effects were gratifying would be an understatement; I was addicted. The psychological effect this drug had on me and continues to have on countless other people creates an undeniable dependence. The sad reality is that I had no concern for the silent damage I was doing to my body. Although I am a smart girl, I chose to ignore warnings and made excuses for it along the way. Due to my lack of concern, lack of education regarding UV exposure and skin cancer, and my tanning addiction, I was diagnosed with cancer.

It is human nature to be interested in immediate results rather than long-term ones. This holds true especially when it comes to adolescents, who often tend to have little regard for their own health. Young people maintain the notion that they are somehow invincible. I discovered the hard way how wrong I was. At that age, the negative repercussions of doing something seemed like some vague possibility that could present itself far in the future. However, I would like to stress the fact that this is an imminent threat to our youth. A deadly cancer that was found primarily in older patients is now being seen in some as young as teenagers.

In my opinion, the issue with minors and tanning is threefold.

1. The mixed information coming from a variety of sources causes confusion about the true health risks. Tanning devices are not classified properly and because of this adults can have a hard time making educated choices, let alone minors (Press Release: Regulate Tanning Beds - Congresswoman Rosa DeLauro). Teenagers will always choose to believe the information that supports what they are doing; I know I did.
2. Minors do not understand what skin cancer means. In fact, some adults I have spoken with do not truly have a concept of the severity of this particular type of cancer. Shockingly, many still don't realize it has the very real potential to kill.
3. The age-old adage that people don't think it will happen to them. But it is happening - to those as young as teens and twenty-somethings. People are dying unnecessarily and younger than they ever did from cigarette smoke.

**TESTIMONY ON BILL 872 AN ACT CONCERNING THE USE OF INDOOR TANNING
DEVICES BY PERSONS UNDER EIGHTEEN YEARS OF AGE**

The truth remains that children under eighteen are not listening to warnings and do not fully understand the hazardous effects tanning has on their health. What kind of message are we sending that a carcinogen of this nature is legal to them?

Young minds can be easily influenced and need guidance. For this reason, the fact that the bill bans minors from using tanning devices is vital to the protection of their health. If this had been the law when I began using tanning beds, it may very well have prevented me from getting melanoma. With support from all the scientific evidence available, we have the responsibility to save others from making the same mistake.

As members of the Public Health Committee, please strongly consider helping to protect the youth of Connecticut – your children, grandchildren, nieces, and nephews – by supporting Bill 872 banning use of indoor tanning beds for those under the age of 18.

Sincerely,

Lauren Hurd
Hamden, CT

Testimony of

Brenda Cartmel, PhD, in Support of

SB 872 – An Act Concerning the Use of Indoor Tanning Devices by Persons under Eighteen Years of Age

Senator Gerratana, Representative Johnson, and other distinguished members of the Public Health Committee:

My name is Brenda Cartmel. I am an epidemiologist at the Yale School of Public Health and have worked in the area of skin cancer risk and prevention for much of my 20 year career. Indoor tanning has been clearly shown to be a risk factor for all types of skin cancer,¹⁻² including melanoma the most lethal type of skin cancer. On the basis of this evidence, ultraviolet emitting tanning beds have been classified as Class I carcinogens, the same classification as asbestos and tobacco smoke. In the United States we do not knowingly expose any American to asbestos and do not allow tobacco sales to minors. Therefore, we should do all we can to eliminate the use of tanning beds by those under age 18.

Data from our research at the Yale School of Public Health and Yale Cancer Center show the vast majority of young Connecticut residents indoor tanned at commercial facilities. Therefore, the most effective way to restrict indoor tanning in this age group is by banning indoor tanning for under 18 year olds at commercial facilities. I therefore support Senate Bill 872.

Recent research has been published suggesting that some individuals may develop an addiction to tanning³⁻⁴, similar to alcohol consumption. As the tanning industry has noted, beta endorphin is released when one tan indoors, which may result in one developing an addiction to tanning. One piece of anecdotal evidence supporting this idea is that some people indoor tan much more than is needed to maintain a tan, an example being the "New Jersey Tanning Mom," who made the news last year. While research on tanning addiction is new and more is being learned each day, the patterns of indoor tanning in young people are particularly relevant and worrisome within this emerging area of research. We know that the earlier the age of onset of drinking alcohol the more likely one is to become addicted⁵. If this holds true for indoor tanning, not only would young people be increasing their risk of skin cancer with early tanning bed use, but they might also go onto to develop an addiction and continue this dangerous exposure at excessive levels.

In my early years I was an oncology nurse and my patients included both young and old individuals. So, I know the pain and disfigurement of surgery which can result from skin cancer treatment, and the distress of undergoing chemotherapy required for advanced melanoma. Therefore, if we can do anything to reduce this experience for young people, we must take action. I believe this bill is extremely important to reduce skin cancer rates in young people and I give it my full support.

References

1. Boniol M, Autier P, Boyle P, Gandini S. Cutaneous melanoma attributable to sunbed use. systematic review and meta-analysis. *BMJ*. 2012;345:e4757.
2. Wehner MR, Shive ML, Chren MM, Han J, Qureshi AA, Linos E. Indoor tanning and non-melanoma skin cancer: systematic review and meta-analysis. *BMJ*. 2012;345:e5909.
3. Harrington CR, Beswick TC, Leitenberger J, Minhajuddin A, Jacobe HT, Adinoff B. Addictive-like behaviours to ultraviolet light among frequent indoor tanners. *Clin Exp Dermatol*. Jan 2011;36(1):33-38.
4. Kaur M, Liguori A, Lang W, Rapp SR, Fleischer AB, Jr., Feldman SR. Induction of withdrawal-like symptoms in a small randomized, controlled trial of opioid blockade in frequent tanners. *Journal of the American Academy of Dermatology*. Apr 2006;54(4):709-711.
5. Grant BF, Stinson FS, Harford TC. Age at onset of alcohol use and DSM-IV alcohol abuse and dependence: a 12-year follow-up. *J Subst Abuse*. 2001;13(4):493-504.

Testimony of
 Environment and Human Health, Inc.
 By Nancy Alderman, President.

Bill 872

TESTIMONY ON BILL AN ACT CONCERNING THE USE OF INDOOR TANNING DEVICES BY PEOPLE UNDER 18 YEARS OF AGE. PROTECTING MINORS FROM THE HEALTH RISKS ASSOCIATED WITH THE USE OF TANNING DEVICES.

Senator Gerratana, Representative Johnson and Members of the Public Health Committee:

My name is Nancy Alderman. I am the President of Environment and Human Health, Inc., a Connecticut non-profit organization comprised of 11 members who are physicians and public health professionals.

Environment and Human Health, Inc. is in strong support of Bill 872

The science connecting tanning bed use to getting melanoma skin cancer is now irrefutable.

The American Academy of Pediatrics is asking that children under 18 be kept out of tanning salons, according to new guidelines from the American Academy of Pediatrics.

<http://www.medpagetoday.com/Pediatrics/GeneralPediatrics/25085>

The American Academy of Dermatology

The American Academy of Dermatology has declared the evidence of tanning beds and melanomas to be overwhelming and have asked that minors be restricted from tanning bed use. <http://skincancer.about.com/od/preventionandriskfactors/a/tanningsalons.htm>

The American Cancer Society

The American Cancer Society recommends that the use of tanning beds is dangerous to one's health, and should be avoided. Young women in particular are at the greatest risk of causing harm to themselves.

http://www.cancer.org/docroot/NWS/content/NWS_1_1x_Tanning_Beds_Pose_Definite_Cancer_Risk_Agency_Says.asp

The Lancet Oncology Medical Journal reported that using tanning beds could increase the risk of developing skin cancer by 75 percent, particularly if used by children and young adults. **The risk of skin melanoma is increased by 75 percent when use of tanning devices starts before 30 years of age,"** said the report.

<http://www.independent.co.uk/life-style/health-and-families/health-news/sunbeds-raise-risk-of-skin-cancer-by-75-1764168.html>

The World Health Organization

The World Health Organization has ranked tanning beds alongside cigarettes, arsenic and asbestos as posing the greatest threat of cancer to humans.

<http://www.webmd.com/skin-problems-and-treatments/news/20090728/who-tanning-beds-cause-cancer>

The Canadian Cancer Society

And the Canadian Cancer Society has recommended that minors be prohibited from tanning bed use.

Eleven other states have Bills before their state legislatures that will ban minors from using tanning beds. They are: Arizona, Hawaii, Illinois, Indiana, Maryland, Nebraska, North Carolina, Oklahoma, Maine, Texas, and Washington State.

Vermont and California have already banned minors from using tanning beds.

Now to answer some of the tanning industry's assertions

Assertion 1

In an interview by the Hartford Courant, Tom Kelleher, owner of 14 Tommy's Tanning Salons, said, "less than one percent of his customers are minors." "There's a huge misperception," he said. "People think: tanning, spring break." In reality, he said, tanning customers are older, and more likely to be men, than the stereotype would have it.

Answer

The tanning industry says that a very small portion of their business is from minors. If this is the case - then banning minors from using tanning beds should not have a large impact on their business.

Assertion 2

Sitting in the sun is just the same as using a tanning bed.

Answer

<http://www.cancerresearchuk.org/cancer-info/news/archive/pressrelease/2013-01-17-sunbeds-double-strength-mediterranean-sun>

A new study, led by Professor Harry Moseley, showed that the average skin cancer risk from sunbeds is more than double that of spending the same length of time in the Mediterranean midday summer sun - according to new research from the University of Dundee and published January 17, 2013 in the British Journal of Dermatology

<http://www.cancer-treatment-tips.com/tanning-beds.html>

Tanning beds primarily emit UV-A radiation. In terms of biological activity, the UV-A irradiation intensity of large, powerful tanning units may be 10 to 15 times higher than that of the midday sun. This powerful exposure is not found in nature and is a new phenomenon in humans.

Contrary to what the manufacturers claim, the UVB light is actually the good light that helps your body produce Vitamin D. You can read more about how this UVB aids your body to produce Vitamin D Here. With good levels of Vitamin D in your body, you are actually reducing your risk of skin and other cancers.

Most Beds produces UVA light because that is what they want the UVA to do. It tans. It burns your skin and produces a skin-burnt tan.

If the beds produce only UVB, then you will not get a tan at all.

The UVA light that comes from these beds are more powerful than those UVA that comes from the sun. The atmospheric particles and clouds reduce the impact of the UVA that comes from the sun. But when you are directly under the tanning lamps, there are no obstructions between your body and the lamps. You received the full impact of what is coming to you. Any damage is magnified.

Assertion 3

If teens are banned from tanning salons they will use sun lamps at home and they are not unregulated.

Answer

Teens can roll their own cigarettes - that does not keep the state from banning tobacco sales to minors. Teens can get alcohol from older teens - but that does not keep the state from banning alcohol sales to minors.

Assertion 4

It will affect jobs in a bad economy.

Answer

The industry has said that minors are a small portion of their business. If we do not ban minors from using tanning salons - then many jobs will actually be created - but in the medical community where doctors will be caring for the melanoma patients and the taxpayers will be paying for the melanoma health care of these young people. Studies have shown that treating one case of melanoma can cost about \$170,000, and if newer drugs are added to the treatment, the total cost can go up as high as \$290,000. These costs are born in some measure by the State and the Federal Government as well as by private insurers.

[http://messages.finance.yahoo.com/Stocks_\(A_to_Z\)/Stocks_V/threadview?m=tm&bn=122445&tid=138&mid=138&tof=10&frt=2](http://messages.finance.yahoo.com/Stocks_(A_to_Z)/Stocks_V/threadview?m=tm&bn=122445&tid=138&mid=138&tof=10&frt=2)

Assertion 5

Parents should choose what their children should do.

Answer

Many parents are not aware of the dangers of tanning beds, as the education of tanning bed health risks have not been as publicized as the dangers of tobacco use.

Assertion 6

Industry says that physicians sometimes prescribe tanning for patients to treat autoimmune skin diseases.

Answer

Any Bill should have an exception for Doctor prescribed uses. However, contrary to popular belief, tanning beds are not an effective alternative to natural sunlight. The National Psoriasis Foundation does not support the use of tanning beds as a treatment option for psoriasis. This is because tanning beds in commercial salons emit mostly UVA light, not UVB. The beneficial effect for psoriasis is attributed primarily to UVB light.

Most Psoriasis organizations - the American Academy of Dermatology, the FDA and the Centers for Disease Control and Prevention and UK Psoriasis Association - all discourage the use of tanning beds and sun lamps for the treatment of Psoriasis. The ultraviolet radiation from these devices can damage the skin, cause premature aging and increase the risk of skin cancer.

Assertion 7

The industry would like to voluntarily regulate itself.

Answer

This has shown not to work as shown by a study by the US Congress that conducted a study of tanning salons in all 50 states, including Connecticut. The report is called, "*False and Misleading Health Information Provided to Teens by the Indoor Tanning Industry*," and can be found at

<http://democrats.energycommerce.house.gov/sites/default/files/documents/Tanning%20Investigation%20Report%202.1.12>.

The Report showed that:

1. Nearly all salons denied the known risks from tanning. Ninety percent of salons said that the salons did not pose a health risk.

2. Nearly 80% said tanning salons would be beneficial for one's health
3. Tanning salons failed to follow FDA recommendations for how often one could tan.
4. Salons used many tactics to downplay the health risks of indoor tanning and said that tanning salons were not causing the rise in skin cancer but rather it was the increased use of sunscreens.
- 5, Tanning salons were targeting girls in their advertising --- offering student discounts especially during prom, homecoming, and back-to-school times.

With so many medical organizations asking that minors be restricted from tanning bed use - it becomes important for Connecticut to do what the medical community is asking for - ban minors from using tanning beds.

Nancy Alderman, President
Environment and Human Health, Inc.
March 2013

LeCount SB 872

I am writing in support of the bill to ban indoor tanning for young adults under 18 years of age. As young people are not known for long term thinking at that age and think they are invincible, it is up to parents, doctors and all adults to take a stand to protect them from this terrible disease. I lost my husband 3 years ago at age 54 to melanoma. It was a horrible and quick ending. He left behind two children in their early 20's. Since there is data that links tanning to melanoma, legislators would be wrong to miss this opportunity to limit the spread of melanoma. We limited cigarette smoking, we have warnings on liquor consumption to pregnant women, we wear seat belts in cars. We have already shown the ability to limit death by wise laws. This would be one of them.

Please seriously look into your hearts and support this bill.

Thank you.

Joan LeCount
24 Southport Woods Drive
Southport, CT 06890
203.414.6550



American Cancer Society
 Cancer Action Network
 825 Brook Street
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 www.acscan.org

Public Health Committee
 March 15, 2013
 American Cancer Society Cancer Action Network Testimony

S.B. No. 872 (Raised) AN ACT CONCERNING THE USE OF INDOOR TANNING DEVICES BY PERSONS UNDER EIGHTEEN YEARS OF AGE.

SUPPORT IF AMENDED

Skin cancer is the most common type of cancer in the United States, with melanoma as one of the most common cancers diagnosed among young adults. Ultraviolet (UV) radiation exposure is a known cause of skin cancer, and UV radiation exposure during childhood and adolescence increases the risk factor for a skin cancer diagnosis as an adult. The American Cancer Society estimates that 1080 Connecticut residents will be diagnosed with melanoma in 2013.

A meta-analysis published in the International Journal of Cancer found an increase in the risk for melanoma in people who first used indoor tanning facilities in their teen years and twenties. The study was a review of 19 informative studies. It concluded that use of indoor tanning facilities before the age of 35 increases the risk for melanoma by 75 percent. The authors strongly suggested restrictions on the use of indoor tanning facilities by minors. Largely based on the findings of that meta-analysis, in the summer of 2009, the International Agency for Research on Cancer raised the classification of UV-emitting indoor tanning devices, or indoor tanning facilities, to the highest level of cancer risk – Group 1 – “carcinogenic to humans.”

The World Health Organization, the International Commission of Non-ionizing Radiation Protection, the National Toxicology Program (US), the National Radiological Protection Board (UK), the National Health and Medical Research Council (Australia) and EUROSkin have all issued reports on the adverse health effects of the use of indoor tanning facilities and have recommended that minors under the age of 18 not use them.

Additionally, most recently, the Yale School of Public Health released the results of an epidemiological study on basal cell carcinoma—which comprises 80% of non-melanoma skin cancers. The study looked into why this disease is being diagnosed in ever increasing numbers among the non-traditional under-40 age set. The study concluded that indoor tanning was a strong risk factor and that people who used tanning devices were 69% more likely to develop early onset basal cell carcinoma than those that did not use such devices. The study adds that 27% of early onset diagnoses could be avoided if indoor tanning devices were not used.

ACS CAN supports legislative and regulatory initiatives at all levels of government to protect the public from increased skin cancer risk associated with exposure to ultraviolet radiation emitted by indoor tanning facilities. More specifically, based on a review of the best science currently available, ACS CAN supports initiatives that would prohibit minors' use of indoor tanning facilities due to an increased risk for skin cancer, ensure tanning salons are properly regulated, that effective enforcement provisions are in place and that all consumers are properly informed about the risk of using indoor tanning devices prior to use.

However we unfortunately must oppose SB 872 in its current form because it fails to protect our youth from the dangers of tanning devices due to the inclusion of overly broad and general physician referral language in Section 1(b).

This language is concerning because it creates a potentially enormous loophole through which children will still have access to indoor tanning beds. More alarmingly, the language in SB 872 would codify in statute that a non-medically trained employee of a facility not approved for the performance of medical procedures would be allowed to administer a treatment for medical purposes using equipment that is not FDA approved for medical use and with no oversight.

Who would be held liable if there was a problem? Does medical malpractice insurance cover this possibility? Would a tanning facility need to have malpractice coverage should something go wrong in the performance of a medical treatment at their facility? Would the tanning facilities be subject to HIPPA requirements for patient privacy? Would tanning salons need to be reclassified as a medical facility and be held to the same requirements?

Additionally, we have concerns that the bill defines a tanning facility as a location that requires a fee or other compensation to have been charged or collected—tanning beds should be inaccessible by minors, regardless of a fee structure or other compensation. By correcting this language, minors would be excluded when facilities have special offers such as "Free Trial Memberships."

While our preference would be that the doctor's referral language be stricken from the bill altogether, ACS CAN has drafted alternative language that we would be in full support of that could be amended into the bill while in committee. We have included it in a mockup of the bill attached to this testimony.

The amendment would add and strengthen definitions, remove the fee or compensation requirement and prescribe very narrow parameters in which a doctor may prescribe treatment using phototherapy devices.

Thank you for the opportunity to be heard on SB 872 and we remain available to provide any assistance on this legislation.

Thank you.

SB 872 Physician's Referral Amendment Mock-UP

AN ACT CONCERNING THE USE OF INDOOR TANNING DEVICES BY PERSONS UNDER EIGHTEEN YEARS OF AGE.

Be it enacted by the Senate and House of Representatives in General Assembly convened.

Section 1. Section 19a-232 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) As used in this section:

(1) "Consumer" means any individual who (A) is provided access to a tanning facility [in exchange for a fee or other compensation] regardless of whether a fee is charged, or (B) [in exchange for a fee or other compensation,] regardless of whether a fee is charged is afforded use of a tanning device as a condition or benefit of membership or access;

(2) "Operator" means an individual designated by a tanning facility to control operation of the tanning facility and to instruct and assist the consumer in the proper operation of the tanning device;

(3) "Phototherapy device" means equipment that emits ultraviolet radiation and is used in the diagnosis or treatment of disease or injury.

[(3) "Tanning device" means any equipment that emits radiation used for tanning of the skin, such as a sunlamp, tanning booth or tanning bed that emits ultraviolet radiation, and includes any accompanying equipment, such as timers or handrails; and]

(4) "Tanning device" means equipment that emits electromagnetic radiation having wavelengths in the air between 200 and 400 nanometers and that is used for tanning of human skin and any equipment used with that equipment, including but not limited to protective eyewear, timers and handrails. Such term shall not include a phototherapy device used, or prescribed for use, by a physician; and

[(4) "Tanning facility" means any place where a tanning device is used for a fee, membership dues or other compensation.]

(5) "Tanning facility" means any location, place, area, structure, or business that provides persons access to any tanning device, regardless of whether a fee is charged for access to the tanning equipment

(b) An operator shall not allow any person under eighteen years of age to use a

tanning device Any operator who, knowing that a person is under [sixteen] eighteen years of age or under circumstances where such operator should know that a person is under [sixteen] eighteen years of age, allows such person to use a tanning device, shall be fined not more than one hundred dollars. Such fine shall be payable to the municipal health department or health district for the municipality in which the tanning facility is located.

(c) This section shall apply to any tanning facility in Connecticut, provided, however, that it shall not apply to any physician who is duly licensed to practice medicine in the State of Connecticut and who, in the practice of medicine, uses or prescribes to be used a phototherapy device with respect to a patient of any age.

[(c)] (d) Any municipal health department established under this chapter and any district department of health established under chapter 368f may, within its available resources, enforce the provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<u>October 1, 2013</u>	

Statement of Purpose:

To prohibit the use of indoor tanning devices by persons under age eighteen [, except with a physician's referral]

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]



Adolescents and Indoor Tanning

The incidence of melanoma in the United States is increasing rapidly in children and young adults.^{1,2} Melanoma is now the second most common form of cancer for individuals aged 15-29 years and the most common form of cancer for young adults aged 25-29 years.³

The Facts

Exposure to UV radiation through sunlight or tanning beds, is the primary risk factor for skin cancer.⁴ Usually appearing in adulthood, skin cancer is often caused by UV exposure and sunburns that began as early as childhood.⁵

- Adolescents, or individuals under the age of 18, are particularly at risk to the damages associated with UV radiation and overexposure as their skin is not fully developed⁶ and their skin cells are dividing and changing more rapidly than those of adults.⁷
- Indoor tanning use before the age of 35 years increases melanoma risk by 75%⁸
- The risk of developing melanoma increases with the number of sunburns an individual receives throughout all periods of life⁹
- Using a tanning bed increases the risk for squamous cell carcinoma by 67% and basal cell carcinoma by 29%. The risk is higher when the tanning bed use begins before age 25.¹⁰
- Multiple studies demonstrate that indoor tanners receive sunburns or suffer other skin damage after indoor tanning sessions^{11,12,13}

Over the last 20 years, the number of teens and young adults reporting use of tanning beds increased from 1% to 27%.²²

In 2009, the International Agency for Research on Cancer (IARC) increased the classification of UV-emitting indoor tanning devices to the highest level of cancer risk – Group 1 – “carcinogenic to humans.”¹⁴ This classification places tanning devices in the same category as other known carcinogens such as tobacco, benzene, asbestos, and many other substances. However, despite the risk, adolescents continue to tan indoors.

Tanning Bed Use Among Adolescents

- Of the 30 million individuals who tan indoors every year, 2.3 million are adolescents.¹⁵
- Results from the 2011 Youth Risk Behavior Survey (YRBS) demonstrate that 13.3% of high school students had used an indoor tanning device, such as a sunlamp, sunbed or tanning booth one or more times during the 12 months before the survey.¹⁶
- The 2011 YRBS also revealed that indoor tanning incidence was significantly higher in female adolescents (20.9%) than in their male counterparts (6.2%).¹⁷
- In a 2011 nationwide survey by the American Academy of Dermatology, a vast majority (86%) of adolescent and young adult respondents who tan indoors reported knowing that tanning bed usage is associated with skin cancer — yet still report having used an indoor tanning bed in the last year.¹⁸

Adolescents aged 16-17 were **twice** as likely to tan indoors as adolescents aged 14-15.²⁰

Certain factors, many of which can be addressed with educational and policy-level interventions, are associated with a significantly higher prevalence of indoor tanning among adolescents. A 2011 study published in the American Journal of Public Health (AJPH), focused on adolescents aged 14-17 living in the 100 largest US cities revealed several factors were significantly associated with increased indoor tanning behavior among adolescents. Adolescents were much more likely to tan indoors if they¹⁹:

- Believed people with a tan look more attractive (80% more likely)
- Felt that their parents allowed them to use indoor tanning (80% more likely)
- Had a parent who used indoor tanning (70% more likely)
- Noticed advertisements for indoor tanning (70% more likely)
- Had a parent who believed people with a tan are more attractive (50% more likely)
- Lived within two miles of at least one indoor tanning facility (40% more likely)

Addressing the Problem

According to the 2011 AJP study, adolescents were less likely to tan indoors if their state had a law addressing minors' access to tanning facilities ²¹

Two states, California (SB 746 -2011) and Vermont (H 157 – 2011), have passed legislation banning tanning bed usage for minors under the age of 18. Several other states have introduced, or are in the process of introducing, similar measures, and almost 33 states currently regulate the use of tanning facilities by adolescents.

Several national and international organizations have issued reports on the adverse health effects associated with indoor tanning devices, with most recommending the introduction of indoor tanning bans for minors under the age of 18. These organizations include the American Cancer Society, the World Health Organization (WHO), the International Commission of Non-ionizing Radiation Protection, the Centers for Disease Control and Prevention (CDC), the National Toxicology Program (US), the National Radiological Protection Board (UK), the National Health and Medical Research Council (Australia), and EUROSkin.

¹ Lange, J, et al (2007) "Melanoma in Children and Teenagers: An Analysis of Patients from the National Cancer Database" *Journal of Clinical Oncology*, April 2007, 25-11

² Weir, et al (2011) "Melanoma in adolescents and young adults (ages 15-39 years): United States, 1999-2006" *Journal of the American Academy of Dermatology* November 2011, 65:538-549

³ Cancer Epidemiology in Older Adolescents & Young Adults: SEER AYA Monograph Pages 53-57 2007

⁴ Hoerster, et al (2007) "The Influence of Parents and Peers on Adolescent Indoor Tanning Behavior: Findings from a Multi-City Sample" *Journal of the American Academy of Dermatology*, December 2007, 57-6

⁵ National Institutes of Health – US National Library of Medicine (2011) "Sunburn" *Medline-Plus Medical Encyclopedia* Accessed on June 12, 2012 at <http://www.nlm.nih.gov/medlineplus/ency/article/003227.htm>

⁶ Yoo, Jeong-Ju and Kim, Hye-Young (2012) "Adolescent's body-tanning behaviours: Influences of gender, body mass index, sociocultural attitudes towards appearance and body satisfaction" *International Journal of Consumer Studies*, 2012, 26:360-366

⁷ Skin Cancer Foundation (2012) "Quick Facts About Teen Tanning." Accessed on June 8, 2012 at <http://www.skincancer.org/prevention/tanning/quick-facts-about-teen-tanning>

⁸ Mayer, et al (2011) "Adolescent's Use of Indoor Tanning: A Large-Scale Evaluation of Psychosocial, Environmental, and Policy-Level Correlates" *American Journal of Public Health* May 2011, 101-5

⁹ Dennis, L, et al (2008) "Sunburns and risk of cutaneous melanoma, does age matter. A comprehensive meta-analysis" *Annals of Epidemiology*, August 2008, 18-8

¹⁰ Wehner, et al (2012) "Indoor Tanning and non-melanoma skin cancer: systematic review and meta-analysis" *British Medical Journal* October 2012

¹¹ Cokkinides V, et al (2009) "Indoor tanning use among adolescents in the US, 1998 to 2004" *Cancer* 2009, 115:190-8

¹² Boldeman C, et al (1996) "Sunbed use in relation to phenotype, erythema, sunscreen use and skin diseases: A questionnaire survey among Swedish adolescents" *Journal of Dermatology* 1996, 135:712-6

¹³ Boldeman C, et al (2001) "Tanning habits and sunburn in a Swedish population age 13-50 years" *European Journal of Cancer* 2001, 37:2441-8

¹⁴ Ghisassi, et al (2009) "A Review of Human Carcinogens – Part D: Radiation" *The Lancet – Oncology*, August 2009, Vol 10

¹⁵ Levine, JA, Sorace, M, Spencer, J, et al (2005) "The indoor UV tanning industry: A review of skin cancer risk, health benefit claims, and regulation" *Journal of the American Academy of Dermatology*, 2005, 53:1038-1044

¹⁶ Centers for Disease Control and Prevention (2012) "Youth Risk Behavior Surveillance – United States, 2011" *MMWR* 2012, 61:4

¹⁷ Centers for Disease Control and Prevention (2012) "Youth Risk Behavior Surveillance – United States, 2011" *MMWR* 2012, 61:4

¹⁸ American Academy of Dermatology (2011) "New survey finds tanning salons are not warning teens and young women about the dangers of tanning beds" Accessed on June 8, 2012 at <http://www.aad.org/stories-and-news/news-releases/new-survey-finds-tanning-salons-are-not-warning-teens-and-young-women-about-the-dangers-of-tanning-beds>

¹⁹ Mayer, et al (2011) "Adolescent's Use of Indoor-Tanning: A Large-Scale Evaluation of Psychosocial, Environmental, and Policy-Level Correlates" *American Journal of Public Health*, May 2011, 101-5

²⁰ Hoerster, BA, et al (2007) "The Influence of Parents and Peers on Adolescent Indoor Tanning Behavior: Findings from a Multi-City Sample" *Journal of the American Academy of Dermatology*, December 2007, 57-6

²¹ Mayer, et al (2011) "Adolescent's Use of Indoor-Tanning: A Large-Scale Evaluation of Psychosocial, Environmental, and Policy-Level Correlates" *American Journal of Public Health*, May 2011, 101-5

²² Robinson, JK, et al (2008) "Indoor Tanning Knowledge, Attitudes, and Beliefs Among Young Adults from 1988-2007" *Archives of Dermatology*, 2008, 144-4



Indoor Tanning

Skin cancer is the most common cancer in the United States with more than 2 million cases being diagnosed annually.¹ In 2012, an estimated 12,190 deaths will occur as a result of skin cancer, 9,180 of which will be from melanoma alone.² Exposure to ultraviolet (UV) radiation, either from sunlight or indoor tanning devices, is the most important, avoidable, known risk factor for skin cancer.³

The Facts About Indoor Tanning

- Exposure to UV radiation, from sunlight or tanning beds, is associated with the development of skin cancer.⁴
- Melanoma incidence rates have been increasing for at least 30 years. Since 2004, incidence rates among whites have been increasing by almost 3% per year in both men and women.⁵
- Over the last 20 years, the number of teens and young adults reporting use of tanning beds increased from 1% to 27%.⁶
- First exposure to tanning beds before the age of 35 years is associated with a 75% increased risk of melanoma.⁸
- Using a tanning bed increases the risk for squamous cell carcinoma by 67% and basal cell carcinoma by 29%. The risk is higher when the tanning bed use begins before age 25.⁹

In 2009, the International Agency for Research on Cancer (IARC) increased the classification of UV-emitting indoor tanning devices to the highest level of cancer risk – Group 1 – “carcinogenic to humans.”⁷ This classification places tanning devices in the same category as other known carcinogens such as tobacco, benzene, asbestos, and many other substances.

The Tanning Bed Industry

Despite the evidence, there is a general misconception among adults and adolescents about the potential harms of using indoor tanning devices.

- The indoor tanning industry promotes the notion that a “base tan” obtained by using indoor tanning devices will have a protective effect from excessive sun exposure. However, the presence of a tan, in any form, signifies DNA damage to the skin,¹⁰ which is linked to premature aging of the skin and skin cancer.
- Indoor tanning proponents cite the link between UV exposure and vitamin D synthesis to support the health benefits of indoor tanning. However, UVB rays are the primary source of vitamin D synthesis, while most tanning devices primarily emit UVA, which penetrates the skin more deeply than UVB¹¹ and is relatively ineffective in stimulating vitamin D synthesis.¹² In addition, vitamin D can be obtained through many different foods.
- The indoor tanning industry promotes tanning beds as a safer alternative to sunbathing outdoors because most tanning beds can be controlled and moderated by skin type and operate on a timer. However, tanning beds deliver UVA radiation 5-15 times higher than what is delivered by the summer midday sun.¹³ Furthermore, multiple studies demonstrate that indoor tanners receive sunburns or suffer other skin damage after indoor tanning sessions.^{14,15,16}

In 2010, the Indoor Tanning Association settled out of court with the Federal Trade Commission (FTC) regarding false health and safety claims about indoor tanning, such as those listed above. “The messages promoted by the indoor tanning industry fly in the face of scientific evidence,” said David C. Vladeck, Director of the FTC’s Bureau of Consumer Protection. “The industry needs to do a better job of communicating the risks of tanning to consumers.”

¹American Cancer Society. *Cancer Facts and Figures 2012*. Atlanta: American Cancer Society; 2012.

- ² American Cancer Society. (2012). "Cancer Facts and Figures: 2012." Atlanta: American Cancer Society; 2012.
- ³ Lim, HW, et al. (2011). "Adverse effects of ultraviolet radiation from the use of indoor tanning equipment. Time to ban the tan." *Journal of the American Academy of Dermatology*, 2011, 64 893-902
- ⁴ National Toxicology Program (2011). "12th Report on Carcinogens." National Institute of Environmental Health Sciences, part of the National Institutes of Health. Accessed on June 6, 2012 at <http://ntp.niehs.nih.gov/index.cfm?objectid=72016262-BDB7-CEBA-FA60E922B18C2540>
- ⁵ American Cancer Society. *Cancer Facts and Figures 2012*. Atlanta: American Cancer Society, 2012.
- ⁶ Robinson, JK, et al. (2008). "Indoor Tanning Knowledge, Attitudes, and Beliefs Among Young Adults from 1988-2007." *Archives of Dermatology*, 2008; 144:4.
- ⁷ Ghissassi, et al. (2009). "A Review of Human Carcinogens – Part D: Radiation." *The Lancet – Oncology*; August 2009, Vol 10.
- ⁸ Dore, J-F and Chignol, M-C. (2012) "Tanning salons and skin cancer." *Photochemical and Photobiological Sciences* 2012; 11:30.
- ⁹ Wehner, et al. (2012). "Indoor Tanning and non-melanoma skin cancer: systematic review and meta-analysis." *British Medical Journal* October 2012
- ¹⁰ Brady, et al (2012) "Public Health and the Tanning Bed Controversy." *Journal of Clinical Oncology*, May 2012, Vol 30, No 14.
- ¹¹ Skin Cancer Foundation. (2012). "Understanding UVA and UVB." Accessed on June 5, 2012 at <http://www.skincancer.org/prevention/uva-and-uvb/understanding-uva-and-uvb>
- ¹² Woo, DK and Eide, M J. (2010) "Tanning beds, skin cancer, and vitamin D: An examination of the scientific evidence and public health implications." *Dermatological Theory* 2010, Jan-Feb (1) 61-71.
- ¹³ Dore, J-F and Chignol, M-C. (2012) "Tanning salons and cancer." *Photochemical and Photobiological Sciences*, 2012; 11:30.
- ¹⁴ Cokkinides V, et al (2009). "Indoor tanning use among adolescents in the US, 1998 to 2004." *Cancer* 2009;115:190-8.
- ¹⁵ Boldeman C, et al. (1996). "Sunbed use in relation to phenotype, erythema, sunscreen use and skin diseases. A questionnaire survey among Swedish adolescents." *Journal of Dermatology* 1996,135 712-6.
- ¹⁶ Boldeman C, et al (2001). "Tanning habits and sunburn in a Swedish population age 13-50 years". *European Journal of Cancer* 2001;37 2441-8.



Skin Cancer

Skin cancer is the most common form of cancer in the United States. Every year, more than 2 million cases of skin cancer are diagnosed.¹ While many forms of skin cancer are highly treatable, it is still expected that 12,190 deaths will occur on 2012.²

- Exposure to UV radiation, either from sunlight or indoor tanning devices, is the most important, avoidable known risk factor for skin cancer.³
- UV exposure is associated with premature aging of the skin, suppression of the immune system, and eye damage.⁴

The National Cancer Institute estimated that the cost of melanoma was \$2.36 billion in 2010 and will continue to increase in upcoming years.¹²

Melanoma

Melanoma, although less common than basal cell and squamous cell carcinoma, is the deadliest form of skin cancer. Melanoma is expected to account for 9,000 out of the 12,000 cancer deaths in the United States in 2012.⁵

- Melanoma will account for more than 75,000 cases of skin cancer in 2012.⁶
- Incidence of melanoma has been increasing for over 30 years. Most recently, melanoma rates have increased by 3% per year in whites since 2004.⁷
- During this same period of time, the prevalence of sunburn and tanning bed use also increased.⁸

Protecting Yourself

While some individuals have an increased risk of skin cancer due to a personal or family history of the disease, there are many risk factors that can be avoided. Risk factors include:⁹

- Unprotected and/or excessive exposure to UV radiation (sunlight or tanning beds)
- Pale complexion (difficulty tanning, easily sunburned, natural red or blonde hair color)
- Occupational exposures to coal tar, pitch, creosote, arsenic compounds, or radium
- A personal or family history of skin cancer
- Multiple or unusual moles
- History of severe sunburns

The presence of a tan signifies DNA damage to the skin.¹⁰ This damage is cumulative over time, meaning that those who are exposed to UV rays at a young age will have an increased overall lifetime exposure to UV radiation and an increased risk of skin cancer. Adolescents are particularly at risk for skin cancer, as their skin is not fully developed.¹¹ For both adolescents and adults, this risk only increases with indoor tanning. There are numerous ways to reduce your skin cancer risk, including:

- Using sunscreen and lip balm with a sun protection factor (SPF) of 30 or higher with both UVA and UVB protection, even on cloudy or overcast days
- Wearing protective clothing, including tightly woven fabrics, wide-brimmed hats, and sunglasses with 99-100% UV absorption, when planning on being in the sun
- Avoiding other sources of UV light, especially tanning beds and sun lamps.
- Having your skin checked annually by a dermatologist for signs of skin cancer.

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- ¹American Cancer Society. *Cancer Facts and Figures 2012*. Atlanta: American Cancer Society; 2012
- ²American Cancer Society. *Cancer Facts and Figures 2012*. Atlanta: American Cancer Society; 2012.
- ³Reed, K, et al. (2012) "Increasing Incidence of Melanoma Among Young Adults: An Epidemiological Study in Olmsted County, Minnesota " Mayo Clinic Proceedings; April 2012, 87.4.
- ⁴American Cancer Society. *Cancer Facts and Figures 2012*. Atlanta: American Cancer Society; 2012.
- ⁵American Cancer Society. *Cancer Facts and Figures 2012*. Atlanta: American Cancer Society; 2012.
- ⁶American Cancer Society. *Skin Cancer Facts*. Atlanta: American Cancer Society; 2012
- ⁷American Cancer Society. *Cancer Facts and Figures 2012*. Atlanta: American Cancer Society, 2012.
- ⁸The International Agency for Research on Cancer (2006) "The association of use of sunbeds with cutaneous malignant melanoma and other skin cancers. A systematic review." *International Journal of Cancer*; 120:1116-1122.
- ⁹American Cancer Society. *Skin Cancer Facts*. Atlanta: American Cancer Society, 2012.
- ¹⁰Brady, et al. (2012) "Public Health and the Tanning Bed Controversy " *Journal of Clinical Oncology*, May 2012, Vol 30, No 14
- ¹¹Yoo, Jeong-Ju and Kim, Hye-Young (2012). "Adolescent's body-tanning behaviours. Influences of gender, body mass index, sociocultural attitudes towards appearance and body satisfaction " *International Journal of Consumer Studies*; 2012; 26:360-366.
- ¹²The National Cancer Institute. *The Cost of Cancer*; 2011.

For more information, please visit our website at
<http://www.cancer.org/Cancer/CancerCauses/SunandUVEposure/>

David J. Leffell, MD

March 15, 2013

The Honorable Senator Terry B. Gerratana
Chairman, Public Health Committee
Legislative Office Building, Room 3000
Hartford, CT 06106
The Honorable Representative Susan Johnson
Chairman, Public Health Committee
Legislative Office Building, Room 5007
Hartford, CT 06106

Members of the Public Health Committee of the Connecticut General Assembly
Re: **S.B. No. 872** ***AN ACT CONCERNING THE USE OF INDOOR TANNING
DEVICES BY PERSONS UNDER EIGHTEEN YEARS OF AGE.***

Dear Senator Gerratana, Representative Johnson, and members of the Public Health Committee:

I am writing in regard to S.B. 872, an act that seeks to limit the access of minors, those under the age of 18 to tanning beds in commercial establishments. I am the founder and director of the Cutaneous Oncology Program at the Yale School of Medicine and am responsible for the clinical and research enterprise that treats more than 4,000 patients a year from all corners of our state who have skin cancer and melanoma. Our research program has defined important elements of the science and public health issues related to skin cancer and melanoma and is internationally recognized for our contributions to the medical literature and public education regarding the dangers of artificial tanning booths. It is on the basis of my direct scientific and clinical knowledge of the impact of ultraviolet radiation that I have formed my view that minors should be prohibited access to commercial tanning parlors.

As you may know, skin cancer is now epidemic. The evidence linking ultraviolet radiation to both melanoma and non-melanoma skin cancer is incontrovertible. In addition, research done by our team at Yale, and others around the world, has confirmed the specific impact of artificial tanning beds on the health of young people. In my own practice, it is not uncommon to consult with a patient less than 30 years of age who has developed skin cancer. I should note that prior to the widespread use of artificial tanning beds, skin cancer in this population was almost unheard of. Animal research data, epidemiologic data, clinical experience, and hypothesis driven laboratory research all confirm the carcinogenic nature of artificial tanning beds. The mechanism by which ultraviolet radiation causes skin

cancer is perhaps one of the best understood in the world of cancer biology.

As an individual who has focused his professional career on the diagnosis, treatment, and prevention of and research into the causes of skin cancer, I am especially hopeful that Connecticut can play a leadership role in protecting our children from the extremely harmful effects of artificial ultraviolet radiation that is emitted by devices available to them in tanning parlors throughout the state. The World Health Organization in their landmark report on ultraviolet radiation in 2006, cited evidence that the ultraviolet radiation from commercial bulbs used in tanning parlors can be up to 10 to 15 times more intense than that from natural sunlight under standard conditions. The general public is not aware of this nor are they aware of the significant health risk that commercial tanning poses. From my perspective as a physician and researcher, public policy must mirror the approach we have taken with respect to cigarettes and minors. As a matter of law, we do not allow minors to purchase cigarettes because we recognize they represent a specific and well-defined risk to their health. In a similar vein, intentional exposure to artificial ultraviolet radiation should be similarly reflected in public policy and the law. I should note that ultraviolet radiation is recognized as a carcinogen by the federal Environmental Protection Agency. While it would be preferable to develop a public view of tanning that is similar to our attitude towards cigarette smoking, we can at least take steps now to protect minors from the harmful effects of unnatural ultraviolet radiation.

Connecticut is in a position to join California, Vermont, New York and other states in adopting legislation that will reduce the exposure of children to the cancer-causing effects of artificial ultraviolet radiation. The legislation should define a complete prohibition of the use of commercial tanning parlors by those under age 18. Those of us in health care generally and specifically in dermatology and academics will continue to do our part to educate the public and develop new preventative health approaches. However, I call on our legislative leaders to do their part in the fight against melanoma and other skin cancers.

Thank you for considering this important public health issue.

Sincerely,

A handwritten signature in black ink that reads "David J. Leffell". The signature is written in a cursive style with a long horizontal stroke at the end.

David J. Leffell, MD

McNamara SB 872

I am writing to support legislation regarding tanning parlors and limitation of adolescents access to same. The science is clear that exposure to sun either through outdoor exposure or tanning salons contributes to the increasing incidence of melanoma. Melanoma is the most lethal of all skin cancers and in a significant number of cases it is preventable. Most teens have a sense of immortality and although education is an important part of prevention, in this age group it tends to fall on deaf ears. There is no doubt that a vote to limit access will save lives.

John R McNamara MD
Chairman of Pediatrics
Norwalk Hospital ret.

Clinical Professor of Pediatrics
Yale University School of Medicine Ret.

SB 872
LaChance

Thank you to the members of the PH Committee for the opportunity to testify on behalf of bill HB 872 "An Act Concerning the Use of Indoor Tanning Devices by Persons Under 18 Years of Age." For those of you on the committee who I have not had the opportunity to meet, my name is Avery LaChance. I am an MD/MPH student from UConn who is planning to pursue a career in dermatology. My interest in indoor tanning started by taking an indoor tanning webinar this past summer. The lecture was grasping and sparked my interest to investigate the health risks associated with indoor tanning further. Indoor tanning has been shown to increase the risk of melanoma, the deadliest form of skin cancer, as well as non-melanomatous skin cancers, including basal cell carcinoma and squamous cell carcinoma, both of which are a significant cause of morbidity and medical expense across the nation. As opposed to a majority of other solid tissue cancers, the incidence of melanoma within the US, is on the rise demonstrating a 150% increase from 1973-2003. There is no doubt that indoor tanning trends are contributing to this increase, especially amongst younger populations. A recent nationwide survey demonstrated that 37% of adolescent females and 11% of adolescent males have used indoor tanning facilities at least once in their lifetime. Another study found that 76% of melanomas diagnosed in 18-29 year olds are attributable to ever use, even one session, of a tanning device. Unfortunately, indoor tanning has also been shown to have addictive properties and this risk is higher for individuals who begin tanning at an earlier age. Because the risk for developing skin cancer is dose dependent, continued tanning compounds an individual's risk for developing skin cancer. The more I read, the more horrified I became and as I continued to learn, it became quite clear to me that I could not just sit back and do nothing knowing that adolescents in our state still have access to this known carcinogen. I hope you all leave this public hearing feeling similarly.

At this point, there is insurmountable evidence implicating tanning beds in the development of skin cancer; this risk is increased for individuals that start tanning at a young age. Unfortunately, tanning salons and the media have targeted a young and vulnerable population. Adolescents in the US are being raised in an environment in which tanning salons offer "prom tanning packages" and celebrity popstars such as those on MTV's Jersey Shore promote their infamous life mission of "GTL" or "Gym. Tan. Laundry." Unfortunately, these messages ignore the significant health risks that indoor tanning presents and the "need" to achieve a bronzed complexion is propagated by peer pressures within high schools across the state. Having graduated from high school not too long ago, I can remember just how strong this pressure can be. Several months prior to prom classmates would start to flock to tanning beds to "develop their base" and group trips to tanning salons post lacrosse practice, were all too common.

It's time that we change the message that we are passing along to our adolescent population in CT to one that celebrates all skin tones and promotes natural beauty. With SB 872, we are in a position to protect adolescents in our state from developing preventable cancers later in life. Now is the time to act.

Testimony of S.T. Mayne, Ph.D.

March 15, 2013

Members of the Public Health Committee of the Connecticut General Assembly

Re S.B. No. 872 ***AN ACT CONCERNING THE USE OF INDOOR TANNING DEVICES
BY PERSONS UNDER EIGHTEEN YEARS OF AGE.***

Dear Senator Gerratana, Representative Johnson, and members of the Public Health Committee:

I am a tenured Professor of Epidemiology at the Yale School of Public Health who conducts research on the causes of human cancer and how we can use that information for cancer prevention. I have 25 years of research experience in Connecticut, including teaching epidemiologic methods at the Yale School of Public Health. I have served on the Board of Scientific Counselors for the U.S. National Cancer Institute. I am also a current member of the Food and Nutrition Board, part of the National Academy of Sciences, which is relevant to this legislation because I was one of the members of the expert panel that most recently established Recommended Dietary Allowances for Vitamin D. **Two of my notable areas of scientific expertise include indoor tanning and skin cancer risk, and health effects of vitamin D.** Thus, I am uniquely qualified to evaluate the science on indoor tanning and skin cancer risk as well as false claims by the tanning industry regarding health benefits of indoor tanning supposedly mediated through vitamin D.

Beginning with risk, **there is no doubt in my mind that indoor tanning causes both melanoma and non-melanoma skin cancers.** The tanning industry has disputed this over the years, they now seem to be moving away from this argument because the research is so convincing. In an attempt to mislead, they had frequently pointed to studies that supposedly did not support indoor tanning as a risk factor for skin cancer. Those are studies of much older aged individuals, who do not engage in indoor tanning often, if ever, therefore, of course indoor tanning is not a primary cause of skin cancer in those populations. However, studies of younger populations, including some of our own work in Connecticut, is clear on linking indoor tanning with elevated skin cancer risk. In our study of almost 800 people from Connecticut, half of whom had non-melanoma skin cancer before the age of 40 and were compared to similar aged people without skin cancer, **EVER** indoor tanning was associated with a 69% increase in risk.¹ In females from Connecticut, the effect was more marked, as would be expected because females tan much more frequently than do males in Connecticut. In our study, more than 80% of the females who had skin cancer under the age of 40 reported indoor tanning. Note also that one-third of the subjects in our study had already had **MORE THAN ONE** skin cancer before age 40, which we were able to confirm with pathology reports.

The tanning industry often claims that burns account for the risk, that is simply not true. In our study, risk was increased in indoor tanners who never reported getting burned. The industry also claims that it is home tanning rather than commercial tanning that is driving the observed risk. That is also untrue, in our study nearly all of the indoor tanning occurred in commercial facilities. The tanning industry will tell you that when you remove people with the fairest skin from studies such as ours, there is no risk. That is also untrue. The tanning industry will say that research fails to consider that people who

Testimony of S.T. Mayne, Ph.D.

indoor tan also get UV exposure from natural sunlight. This assertion is incorrect; we do take that into careful consideration, by querying research participants about their exposure to UV from all sources across the lifetime through a lengthy series of questions, and taking that information into account when arriving at our estimates on the health effects of indoor tanning. Thus, these statements are simply meant to mislead, which is not surprising given the source. **While the industry continues to promulgate falsehoods, credible scientific organizations have reviewed all the data and classified indoor tanning devices as carcinogenic**

The indoor tanning industry has long claimed health benefits from vitamin D, despite the fact that the Federal Trade Commission has prohibited them from making such statements. It is often said by the industry and tanning proponents that indoor tanning can help tanners reduce their risk of important cancers such as breast, prostate, and colon cancers. One such campaign is called "D-feat cancer," which has been promoted by the Vitamin D Council in partnership with the indoor tanning industry. A 2011 article describes how the D-Feat Breast Cancer Campaign recruits salons to help promote the message that vitamin D helps prevent breast cancer (also describing how profits made can be channeled back to fight anti-sun campaigns)². However, the link between higher vitamin D status and reduced risk of any cancers, including breast cancer, is inconsistent and far from proven, as concluded by the National Academy of Sciences³ and as summarized in the New England Journal of Medicine⁴. **The indoor tanning industry thus greatly misleads the public about the science on vitamin D and cancer prevention.** Furthermore, the indoor tanning industry has contributed to widespread misinformation about an epidemic of vitamin D deficiency; e.g., the article describing the D-Feat cancer campaign claims that "anti-UV propaganda" campaigns are largely responsible for the widespread vitamin D deficiency epidemic from which much of the world now suffers, and one that has resulted in all sorts of related disease epidemics. This is scientifically incorrect and misleading. To give you but a sense of the real data, the largest clinical study of vitamin D supplementation (the U.S. Women's Health Initiative) not only found no benefit to vitamin D supplementation for cancer prevention, but reported that women who were meeting recommended intakes of vitamin D (600 IU/d) and who received an additional supplement of 400 IU/d actually had a 34% statistically significant INCREASE in the risk of breast cancer⁵.

The best available data on the status of the U.S. population with regard to vitamin D come from the U.S. National Center for Health Statistics⁶. **As can be readily seen from the most recent national data available, only 3% of whites are considered at risk of vitamin D deficiency** (Figure 4 from that publication). In fact, the populations who are at greatest risk of vitamin D deficiency are populations with deeply pigmented skin, because their skin makes less vitamin D in response to ultraviolet light. Of course, those are not the populations using indoor tanning, so any presentation of statistics on vitamin D that include the entire U.S. population are simply not applicable to the population using tanning salons and are designed to mislead.

I chose public health as a profession because I wanted to help people lead healthier lives. I have no conflicts of interest of any type, my research funding all comes from the National Institutes of Health. I avoid consulting, so that I can retain my objectivity in scientific decision-making. Twice in my career my research has been attacked by industry. The first time involved our group's research on environmental tobacco smoke and lung cancer risk, which was heavily challenged by the tobacco industry (they no longer challenge that science). Now, it is the indoor tanning industry. The tactics

Testimony of S.T. Mayne, Ph.D.

employed by these two industries are strikingly similar, as has been documented by others (e.g., mitigating health concerns, appealing to a sense of social acceptance, emphasizing psychotropic effects, and targeting specific population segments).⁷ Our research on environmental tobacco smoke contributed to policy, controversial at the time, to restrict smoking in public places. Now it seems so obvious. Recognizing the carcinogenic nature of tobacco, we now protect minors from tobacco, as much as we are able through legislation and policy. We must do the same with indoor tanning. It is equally obvious that it is the right thing to do. **It is urgent for Connecticut to join other states and many other countries in protecting vulnerable minors from this completely unnecessary exposure.** Their health depends upon it. Thank you for your consideration.

Sincerely,

Susan T. Mayne, Ph D.

¹ Ferrucci, L. M., Cartmel, B., Molinaro, A. M., Leffell, D. J., Bale, A. E., and Mayne, S. T. Indoor tanning and risk of early-onset basal cell carcinoma. *J. Am. Acad. Dermatol.* 2012 Oct;67(4):552-62. doi: 10.1016/j.jaad.2011.11.940. Epub 2011 Dec 9.

² http://www.naturalnews.com/032001_D-Feat_Breast_Cancer_campaign.html, accessed 3/13/13

³ Institute of Medicine. Dietary Reference Intakes for calcium and Vitamin D. Washington, D.C.: National Academies Press. 2010.

⁴ Manson, J. E., Mayne, S. T., Clinton, S. K. Vitamin D and prevention of cancer: Ready for prime time? *N. Engl. J. Med.* 364:1385-7, 2011[Epub ahead of print] doi: 10.1056/NEJMp1102022

⁵ Chlebowski, R T., K. C. Johnson, et al. (2008). "Calcium plus vitamin D supplementation and the risk of breast cancer." *J Natl Cancer Inst* 100(22): 1581-1591.

⁶ <http://www.cdc.gov/nchs/data/databriefs/db59.pdf>, Figure 4

⁷ Greenman, J., Jones, DA. Comparison of advertising strategies between the indoor tanning and tobacco industries. *J Am Acad Dermatol.* 2010 Apr;62(4):685.e1-18. doi: 10.1016/j.jaad.2009.02.045.

To the Public Health Committee:

I would like to enter testimony on

*S.B. No. 872 (RAISED) AN ACT CONCERNING THE USE OF INDOOR TANNING DEVICES BY PERSONS UNDER EIGHTEEN YEARS OF AGE.

I am a dermatologist with a practice on the shoreline of Connecticut near Hammonasset State Park since 1989

The sun bathing culture is embraced by generations of my patients.

Our practice of 3 dermatologists diagnosed 60 new melanomas last year. We follow hundreds of patients with a previous diagnosis of melanoma. We are diagnosed and treated more than 500 basal and squamous cell skin cancers last year alone. While the majority of these skin cancers are in ages 40 and above, incredibly, we are seeing them in teenagers and college students.

We ask our patients about their tanning habits. We try to educate our patients to the cumulative nature of sun damage over a lifetime and that UV light exposure prior to adulthood increases skin cancer risk decades later.

Our questions have made us aware that many of our patients have used tanning salons. We have observed that the attraction to tanning and indoor tanning is often shared between generations of families.

An example from my practice is a mom in her 60's with a diagnosis of melanoma and many unusual and concerning moles. Her daughter is in her 30's with similar skin. Both have had to be convinced of the need to protect their skin from ongoing UV exposure. The daughter told me that she used the indoor salons so much in her teens that "doctor, you would not believe how dark my skin was then". She feels that an outright ban on indoor tanning is the only thing that would have stopped her use of the salon at that age which she now regrets. I have had to refer 19 year old young ladies to Moh's surgeons for removal of basal cell skin cancers on delicate areas like their nose or eye areas.

Other moms have asked me to convince their children to stop using the indoor salons because they as parents have been unable to do so. The teens have been influenced by their peers. The parents have asked me to give them reading materials that they can take home to help convince their children to stop indoor tanning.

These patients lend support to my conviction that now is the time to pass a bill to ban indoor tanning for individuals under age 18!

Thank you for the opportunity to share my opinion.

Sharon Barrett MD

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Clinton, Ct 06413

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March 15, 2013

The Honorable Senator Terry B. Gerratana
Chairman, Public Health Committee
Legislative Office Building, Room 3000
Hartford, CT 06106

The Honorable Representative Susan Johnson
Chairman, Public Health Committee
Legislative Office Building, Room 5007
Hartford, CT 06106

Members of the Public Health Committee of the Connecticut General Assembly

Re: **S.B. No. 872 AN ACT CONCERNING THE USE OF INDOOR TANNING DEVICES
BY PERSONS UNDER EIGHTEEN YEARS OF AGE.**

Dear Senator Gerratana, Representative Johnson, and distinguished members of the Public Health Committee:

Thank you for your public service in these challenging times. While there are many complex issues facing us in Connecticut, there's an important public health issue that, in my humble opinion, is simple:

Banning indoor tanning for minors today to prevent skin cancers tomorrow.

Indoor tanning is classified as a carcinogen, like tobacco smoke and asbestos, by the Centers for Disease Control and Prevention (CDC) and the World Health Organization. (CDC 2013, El Ghissassi 2009). No minor under 18 in our state should be exposed to the carcinogen of indoor tanning. I respectfully request that you pass a complete ban on indoor tanning and remove the physician-prescription exemption from S.B. 872 — for these reasons:

1. Browning or burning your skin in a tanning booth is not equivalent to receiving focused phototherapy from a dermatologist in a clinical setting.

The president of the American Academy of Dermatology (AAD), Dr. Daniel Siegel, a dermatologist in private practice, explains it well.

[T]he crucial disparity is that phototherapy is closely monitored and supervised by a dermatologist, a medical doctor who has the appropriate training and expertise in this area. This type of medical care is not provided at an indoor tanning salon, where operators have minimal knowledge about the potential side effects of UV light, and tanning bed lamps have variable amounts of UVA and UVB light. A recent investigation by the U.S. House Energy and Commerce Committee [U.S. Congressional Report 2012] demonstrates that when asked direct, simple questions about the safety of indoor tanning, the industry willfully misleads potential customers, putting their health in jeopardy.

The U S Food and Drug Administration (FDA) approves medical UV phototherapy lamps and devices for use in a clinical setting, but it does not approve the use of indoor tanning devices for medical treatment or recognize an indoor tanning bed as a medical device. For several chronic skin diseases, including psoriasis, vitiligo, and atopic dermatitis, the use of phototherapy in the dermatologist's office may be prescribed as a treatment. In these cases, the dermatologist and patient assess and weigh the potential benefit of treatment of the skin disease against the risks of UV exposure. (American Academy of Dermatology)

- 2 A tanning booth is particularly dangerous for younger users; people who begin indoor tanning younger than age 35 have a 75% to 87% higher risk of melanoma (IARC 2007, Boniol 2012), the deadliest form of skin cancer.
- 3 A recent national survey found that 21% of U S high school girls had tanned indoors in the past year (Eaton 2012). This rises to 32% among 12th-grade girls (CDC 2013). With percentages that high, could a prescription exemption create a prom-tan loophole or worse?
- 4 Allowing medical prescriptions for minors to use tanning beds will enable the indoor tanning industry to claim that a tanning bed can be medically necessary, safe, and efficacious for minors — against a mountain of compelling scientific evidence to the contrary.

We are fortunate in Connecticut to have some of the most respected and productive skin cancer researchers and physicians in the country. I was lucky to work under some of them while earning my master's in public health at the Yale School of Public Health. Their skin-cancer research was funded by a Specialized Programs of Research Excellence (SPORE) grant from the National Institutes of Health. During my graduate work in New Haven, I came into contact with hundreds of young adult survivors of skin cancers, many of them had indoor tanned in their teens. From that experience and from studying the clear and abundant scientific evidence on the carcinogenic effects of indoor tanning, I became convinced of the absolute need to prohibit indoor tanning for minors in our state. Over the past 5 months, I have helped to coordinate a statewide effort toward a ban. Along the way I have been joined by more than 400 Connecticut residents in petitioning the Public Health Committee to pass a ban on indoor tanning for minors under 18 without exception. I submitted the electronic petition, with the 406 signatures, to the committee earlier this week.

Current U S indoor tanning laws based on parental consent do not reduce indoor tanning among adolescents (Mayer 2011). In addition to being ineffective, parental consent laws for indoor tanning beg the question: We do not have legislation allowing parental consent for underage drinking and smoking, so why would we have it for indoor tanning?

We need a complete ban now because the skin-cancer risks posed by indoor tanning are too dangerous — especially for adolescents.

1. The UV radiation in indoor tanning can be 10 to 15 times stronger than the UV radiation from the midday sun in the Mediterranean. (Boniol 2012)

2. Yale researchers found that *nearly half* of all cases of the most common type of skin cancer in women under age 40 in Connecticut could be prevented if individuals never tanned indoors. (Ferrucci 2012) Nearly half!
3. Individuals who indoor tan starting at younger ages have a higher risk of all types of skin cancer compared to those starting later in life. (Boniol 2012; IARC 2007; Wehner 2012)
4. Skin cancer is increasing in incidence, especially in young people, and is highly preventable. Melanoma increased eight-fold among females, ages 18 to 39, over the past 40 years. (Reed 2012) Eight times, in just over a generation!

While I am a proponent of sensible cancer prevention, I do appreciate non-cancer-related concerns I've heard about the prospect of a ban. I want to address them here.

What about the impact on small business?

A *Hartford Courant* news story from January 3, 2013 suggests that the impact on the business of indoor tanning in Connecticut would be minimal. According to the *Courant's* reporter who interviewed "Tom Kelleher, owner of Tommy's Tanning, a chain of 14 salons in Connecticut":

Kelleher said less than one percent of his customers are minors. "There's a huge misperception," he said. "People think: tanning, spring break." In reality, he said, tanning customers are older, and more likely to be men, than the stereotype would have it. (Hartford Courant)

A magazine aimed at tanning-parlor owners and clients, *Smart Tan*, recently reported that in Victoria, British Columbia, despite an under 18 ban there, tanning salons are finding their business to be "steady or up or over last year's sales." (Smart Tan) The article attributed this to increased sales of spray tans as a non-carcinogenic alternative. Citing a survey showing that "60 percent of salon clients are using sunless, and 40 percent of those clients had never been in the store before," another article in the most recent issue of *Smart Tan* states that "... sunless tanning isn't just a way to improve sales with your existing client base, it's an opportunity to expand market into fresh territory." (Smart Tan)

What about the impact on state and local budgets?

From my calls to public health officials in California, New York, and Vermont, where complete bans of indoor tanning for minors are in effect, I have learned that these bans have so far had no impact on local budgets and may, through ongoing enforcement, increase local and state revenues. In New York, enforcement is piggybacked on existing enforcement of alcohol and cigarettes sales to minors.

What about the impact on minors who need phototherapy who cannot access it?

In California, New York, and Vermont — with a combined population of more than 46 million people — the health officials I reached know of no cases of patient-access-to-phototherapy problems arising from complete indoor tanning bans for minors. Patient-access-to-phototherapy concerns are a non-issue in those states.

Please support a complete ban to protect minors from the carcinogenic effects of indoor tanning. This is simple. It's about doing what's right today for our kids to prevent cancers tomorrow.

Thank you for your time and considerations.

Peter D. Spain, MPH
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203-212-6238

References

American Academy of Dermatology (AAD). American Academy of Dermatology's statement regarding the American Suntanning Association. Jan 7, 2013. Daniel M. Siegel, MD, FAAD President, American Academy of Dermatology. Accessed online Mar 7, 2013: <http://www.aad.org/stories-and-news/news-releases/4b50deaf-316a-43d6-b9e1-34130ec2f3e6>

Boniol M, Autier P, Boyle P, and Gandini S. Cutaneous melanoma attributable to sunbed use: systematic review and meta-analysis. *BMJ*. 2012;345:e4757.

Centers for Disease Control and Prevention (CDC). Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion. Skin Cancer: Indoor Tanning. Last updated Oct 31, 2012 Accessed online Mar 7, 2013: http://www.cdc.gov/cancer/skin/basic_info/indoor_tanning.htm

Eaton DK, Kann L, Kinchen S, et al. Youth risk behavior surveillance—United States, 2011. *MMWR Surveillance Summaries*. 2012;61(4):1–162. Table 11: Percentage of high school students who most of the time or always wore sunscreen with an SPF of 15 or higher and who used an indoor tanning device, by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 2011.

El Ghissassi F, Baan R, Straif K, et al. A review of human carcinogens—part D: radiation *Lancet Oncology*. 2009;10(8):751-752.

Ferrucci LM, Cartmel B, Molinaro AM, Leffell DJ, Bale AE, Mayne ST. Indoor tanning and risk of early-onset basal cell carcinoma. *J Am Acad Dermatol*. 2012;67(4):552-62.

Hartford Courant. CT Tanning Salons Offer Up New Rules for Teenage Tanners by Daniela Altimari, Jan 3, 2013. Accessed online Mar 7, 2013: <http://courantblogs.com/capitol-watch/ct-tanning-salons-offer-up-new-rules-for-teenage-tanners/>

International Agency for Research on Cancer (IARC) Working Group on Artificial Ultraviolet (UV) Light and Skin Cancer. The association of use of sunbeds with cutaneous malignant melanoma and other skin cancers: a systematic review. *Int J Cancer*. 2007;120(5):1116–1122.

Mayer JA, Woodruff SI, Slymen DJ, et al. Adolescents' use of indoor tanning: A large-scale evaluation of psychosocial, environmental, and policy-level correlates. *Am J Public Health*. 2011; 101(5): 930–938.

Reed KB, Brewer JD, Lohse CM, Bringe KE, Pruitt CN, Gibson LE. Increasing incidence of melanoma among young adults. an epidemiological study in Olmstead County, Minnesota. *Mayo Clinic Proceedings*. 2012 87(4): 328-334.

Smart Tan Magazine (article 1). Finding the brighter side By Steve Gilroy. Vol 26, issue 3.

Smart Tan Magazine (article 2): Unleashing your sunless business: Every salons guide to astonishing sunless sales. Vol 28, issue 3. Accessed online Mar 12, 2013:
<http://smarttan.epubxp.com/title/9532>

U.S Congressional Report. House of Representative Committee on Energy and Commerce. False and Misleading Health Information Provided to Teens by the Indoor Tanning Industry, Investigative Report. Feb 1, 2012. Accessed online Jan 7, 2013:
<http://democrats.energycommerce.house.gov/sites/default/files/documents/Tanning%20Investigation%20Report%202.1.12.pdf>

Wehner MR, Shive ML, Chren M-M, Han J, Qureshi AA, Linos E. Indoor tanning and non-melanoma skin cancer: systematic review and meta-analysis. *BMJ*.2012;345:e5909.



March 14, 2013

The Honorable Senator Terry B. Gerratana
Chairman, Public Health Committee
Legislative Office Building
Room 3000
Hartford, CT 06106-1591

RE: **Support SB 872**

Dear Chairman Gerratana,

As President of the American Society for Dermatologic Surgery Association (ASDSA), a surgical specialty organization representing over 5,700 physician members, I am writing to urge yourself and your colleagues on the Public Health Committee to support SB 872. This bill will prohibit the use of tanning devices by minors under the age of 18. I ask that you respectfully consider striking the physician prescription exemption in Section 1(a)(4)(b).

As *Section 1(a)(4)(b)* reads, it acknowledges that indoor tanning devices provide a medical or health benefit for customers. Opponents of this bill have long argued that indoor tanning devices have a medical benefit. The wording proposed in the bill would acknowledge this misaligned claim. I would recommend considering replacing the existing language of *Section 1(a)(4)(b)* as suggested below:

An operator shall not allow any person under eighteen years of age to use a tanning device, except with a written statement signed by a physician recommending such person be allowed the use of the tanning device. Any operator who, knowing that a person is under [sixteen] eighteen years of age or under circumstances where such operator should know that a person is under [sixteen] eighteen years of age, allows such person to use a tanning device, [without the written consent of a parent or guardian] except as permitted under this subsection, shall be fined not more than one hundred dollars. Such fine shall be payable to the municipal health department or health district for the municipality in which the tanning facility is located.

Recent studies show a disturbing trend – there is a steady rise in the number of young women diagnosed with melanoma, and at more advanced stages. It is not coincidental that this demographic is also significantly more likely to use tanning beds than their male counterparts.

Indoor Tanning is ranked within the World Health Organization's highest cancer-risk category. In 2009, the International Agency for Research on Cancer, the cancer division of the World Health Organization, classified tanning beds as "carcinogenic to humans" — the agency's highest cancer-risk category, which also includes asbestos, plutonium, and tobacco smoking. Total doses of ultraviolet rays from a tanning bed may be as much as five times more than natural sunlight, meaning that just 20 minutes spent in a tanning salon may be equal to 2-3 hours in the noontime sun, according to a 2008 scientific article from *Dermatologic Surgery*.¹

¹ Ibrahim, S, Brown, M; Tanning and Cutaneous Malignancy. *Dermatol Surg*. 2008;34 460–474.

Acknowledging the popularity of indoor tanning amongst teens, the World Health Organization and the International Commission on Non-Ionizing Radiation Protection have recommended that indoor tanning be restricted to only those ages eighteen and older

Indoor tanning is a threat to the health and safety of our youth with no signs of slowing down. A 2006 study of the 100 most populous cities in the United States found that there was an average of 42 tanning salons per city—exceeding the number of Starbucks or McDonald's. The same study demonstrated that 76% of teens lived within two miles of a tanning salon.² Not only are minors more susceptible to misinformation about indoor tanning, minors are increasing their use of indoor tanning devices and consequently, increasing their incidence of melanoma

Melanoma, the most deadly form of skin cancer, has been repeatedly linked to indoor tanning. As a common cause of melanoma, the deadliest form of skin cancer, consumers should be protected from the sea of misinformation about this dangerous activity. A scientific paper entitled *Recent Tanning Bed Use: A Risk Factor for Melanoma* stated that sun or UV radiation is one of the primary causal factors in the development of melanoma and that indoor tanning increases one's risk of melanoma.³

The Federal Trade Commission has ruled against claiming health benefits for indoor tanning. Members of the indoor tanning industry have tried repeatedly to discredit the medical research linking indoor tanning to cancer, instead advertising health benefits, including the prevention of lung, kidney, and liver cancers through use of UV devices. In a 2010 ruling, the Federal Trade Commission (FTC) found that such claims constitute unfair or deceptive acts or practices, and that the making of false advertisements, in or affecting commerce is in violation of the Federal Trade Commission Act.⁴

Model legislation has passed in California and Vermont. On October 9, 2011, California passed SB 746, becoming the first state to ban the use of indoor tanning beds for all minors under the age of 18. Vermont passed HB 157 on May 2, 2012, banning minors from tanning. Nationwide, 33 states have enacted some level of indoor tanning prohibitions for minors. Of the 17 states with no indoor tanning prohibitions for minors, 8 states (including Washington DC) considered an indoor tanning bill in the previous (2011-2012) legislative session.

The ASDSA urges you to support SB 872. This is an issue focusing on public health and wellness, public education, and public safety. By passing this bill, the state is proactively committed to protecting its citizens from additional risk from skin cancer, and helping educate the public on the risks of any level of exposure to artificially-emitted ultraviolet radiation.

Should you have any questions or comments, especially with respect to the suggested revision to *Section 1(a)(4)(b)*, please do not hesitate to contact John Geahan, Public Policy Specialist, at (847) 956-9121, or by email at jgeahan@asds.net.

²2006 Number of Tanning Salons CITY 100 Controlling Indoor Tanning in Youth Retrieved from <http://indoortanningreportcard.com/numberofsalons.html>

³Buckel, T, et al, Recent Tanning Bed Use: A Risk Factor for Melanoma *Arch Dermatol* 2006, 142: 485-488

⁴File No. 082-3159, United States of America Federal Trade Commission Complaint in the Matter of Indoor Tanning Association, a Corporation

Sincerely,

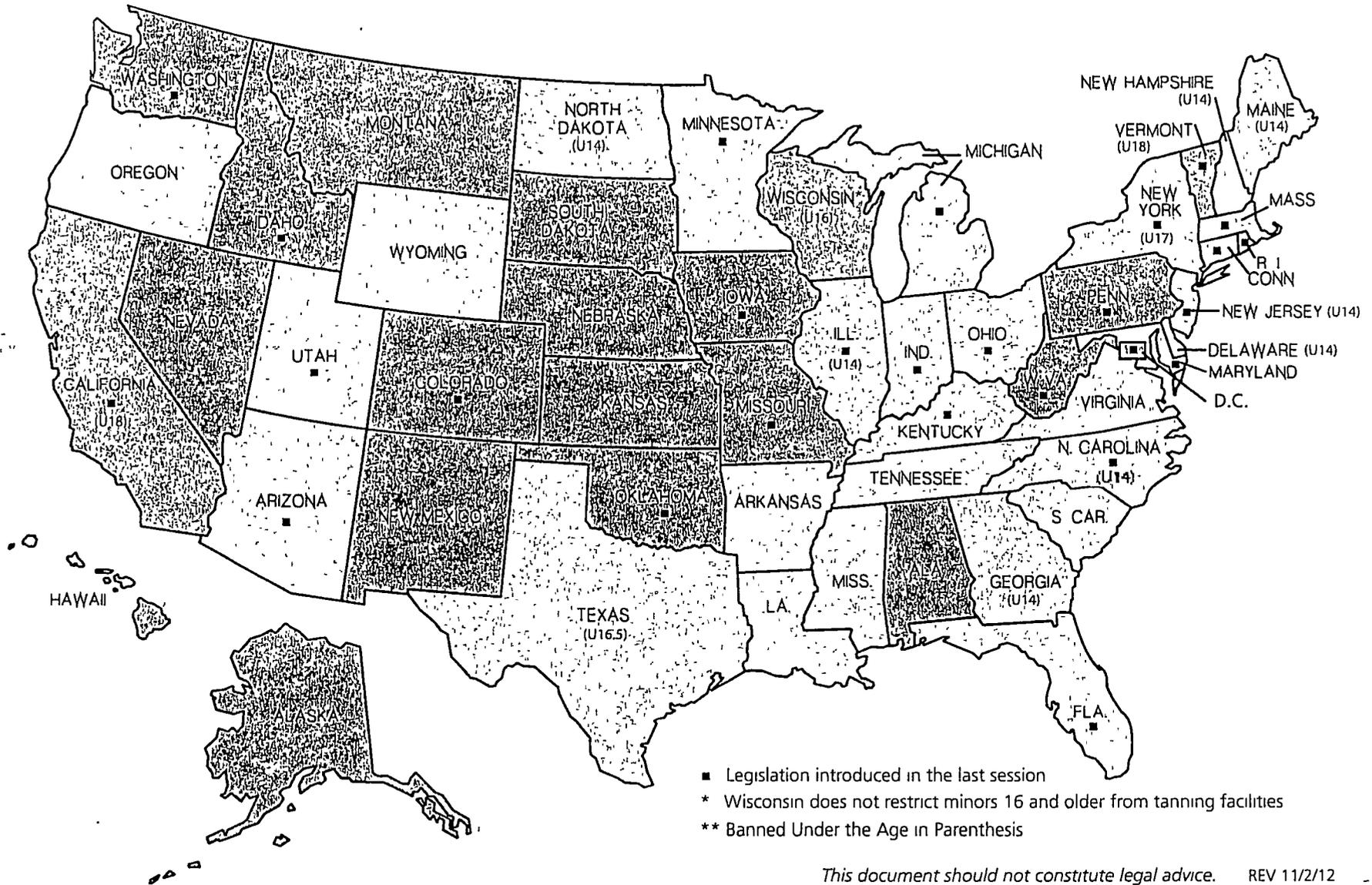


Timothy C. Flynn, MD
President

cc: Mitchel P Goldman, MD, President-Elect, ASDSA
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Katherine J. Duerdoth, CAE, Executive Director, ASDSA
Lise Soukup, Director of Advocacy and Public Policy, ASDSA

Indoor Tanning Restrictions by State

- ☐ No Tanning Restrictions
- ◌ Only Requires Parental Consent
- ▨ Underage Tanning Banned*
- ▩ Underage Ban & Parental Permission Required**



- Legislation introduced in the last session
- * Wisconsin does not restrict minors 16 and older from tanning facilities
- ** Banned Under the Age in Parenthesis

Public Health Committee

March 15, 2013

SB872 An Act Concerning the Use of Indoor Tanning Devices by Persons Under Eighteen Years of Age

My name is Dr. Pat Checko. I am a retired health official and a member of the Connecticut Cancer Partnership. Skin cancer is the most common type of cancer in the United States, developing in approximately 1,000,000 Americans each year, and melanoma, the most severe of the three types of skin cancer ranks fifth in incidence among men and women in Connecticut. We are unfortunately, a nation of sun worshippers. Roughly, 10% of Americans continue to use indoor tanning beds. Young people, in particular, have difficulty grasping their own mortality, and may not think they are vulnerable to skin cancer. Yet, 68,000 people in the U.S. will learn they have melanoma this year, and 1 out of 8 will die from it. The American Academy of Dermatology reports that melanoma is the second most common cancer in women 20-29 years old.

In July 2009, the International Agency for Research on Cancer (IARC) moved tanning devices that emit UV radiation into the highest risk category: "carcinogenic to humans". This action was based on the results of 19 studies conducted over 25 years on the use of indoor tanning equipment that found:

- An association between indoor tanning and two types of skin cancer: squamous cell carcinoma and melanoma
- An association between UV-emitting tanning devices and cancer of the eye (ocular melanoma)
- Both UV-A and UV-B rays causing DNA damage, which can lead to skin cancer in laboratory animals and humans
- The risk of melanoma of the skin is increased by 75% when tanning bed use started before the age of 35

The report noted that since cancer is a long process that takes many years and recommended banning commercial indoor tanning for those younger than 18 years to protect them from the increased risk for melanoma and other skin cancers.

Another recent study, conducted at Brigham and Women's Hospital, followed the tanning bed use of more than 73,000 nurses – first during high school and college, and then when the women were between 25 and 35 years of age. The study found that tanning beds increased skin cancer risk over time, and showed a "dose-response effect". In other words, the more visits to the tanning parlor, the higher the women's risk for skin cancer. The risk for basal and squamous cell carcinoma jumped 15% for every 4 visits to an indoor tanning bed each year. And the risk of developing melanoma increased by 11%. The author, Dr. Mingfeng Zhang, stated that "Using during high school/college had a stronger effect on the increased risk for basal cell carcinoma compared with use during ages 25 to 35."

In March 2010 an advisory panel to the U.S. FDA recommended a ban on indoor tanning by minors and in 2011, the American Academy of Pediatrics issued a statement supporting such a ban.

It is clear that the indoor tanning industry targets teenage girls in their advertising. Print and online advertising to teenage and college-aged girls frequently offers student discounts and “prom”, “homecoming”, and “back-to-school” specials according to a new report released by Rep. Waxman, DeLauro and others on Feb.1.2012. Energy and Commerce Committee Investigators, representing themselves as fair-skinned teenagers, surveyed 300 tanning salons nationwide. They questioned each salon about the benefits and risks of indoor tanning, how frequently customers could use tanning beds, and about any discounts for students or teens. In addition to the advertising findings, they also reported that:

- Nearly all of the salons denied the known risks of tanning. Ninety percent of the salons stated that indoor tanning did not pose a health risk, while over half of the salons denied that indoor tanning would increase the risk of skin cancer.
- Nearly 80% of the salons asserted that indoor tanning would be beneficial to the health of a fair-skinned teenage girl. Several salons asserted that indoor tanning would prevent cancer.
- Tanning salons fail to follow FDA recommendations on tanning frequency. Three-quarters of salons allow customers to tan daily, despite FDA recommendations that indoor tanning be limited to no more than three visits in the first week.
- Salons used many approaches to downplay the health risks of indoor tanning. Salons stated that young people are not at risk for developing skin cancer; that rising rates of skin cancer are linked to increased use of sunscreen; that government regulators had certified the safety of indoor tanning; and that “it’s got to be safe, or else they wouldn’t let us do it.” Salons also frequently referred the investigators to industry websites that downplay indoor tanning’s health risks and tout the practice’s alleged health benefits.

This is a public health intervention that could have a dramatic effect on reducing the number of people who will suffer and die from skin cancer.

Testimony of
Leah M. Ferrucci, PhD, MPH

SB 872 – An Act Concerning the Use of Indoor Tanning Devices by Persons under Eighteen Years of Age

Senator Gerratana, Representative Johnson, and other distinguished members of the Public Health Committee:

My name is Leah Ferrucci and I am a cancer epidemiologist at the Yale School of Public Health. Scientific evidence is clear that indoor tanning is a serious risk to public health. I urge you to take action on this bill to more closely regulate indoor tanning to protect the young people of Connecticut.

Skin cancer is increasing in incidence, especially in young people. The causal association between indoor tanning and melanoma, the most lethal type of skin cancer, has been confirmed, with the most harmful effects in individuals who used tanning beds under the age of 35 (1, 2).

Recent work done by our research team at the Yale School of Public Health and Yale Cancer Center extended these findings to link indoor tanning with basal cell carcinoma, a type of non-melanoma skin cancer, in people under age 40. Basal cell carcinoma is not only the most common form of skin cancer, but also the most common cancer in humans; surpassing all other cancer types combined.

We found that young people who had tanned indoors had a 69 percent increased risk of early-onset basal cell carcinoma compared to those who never used tanning beds (3). **Based on our study of young people in Connecticut, approximately a quarter of the overall cases of early-onset basal cell carcinoma—including 43 percent of cases in young women—could be prevented if individuals never tanned indoors.** A very recent 2012 meta-analysis of all epidemiologic studies found indoor tanning was significantly associated with non-melanoma skin cancer; again a stronger association was present for indoor tanning at younger ages (4).

Recent studies on indoor tanning are most relevant to the issue being discussed today. Our data show the true picture of indoor tanning among young people in Connecticut. Indoor tanning in our study was done almost exclusively in commercial facilities, and there was an increased risk of skin cancer even for individuals who never experienced a burn while using tanning beds.

The landscape of indoor tanning initiation and patterns of use further strengthens the need for a ban on indoor tanning by minors. Tanning beds are used primarily by older adolescents and young adults (5). In our study in Connecticut, half of those who had tanned indoors started using tanning beds before age 18 (3).

Legislative action is also necessary because the risks of indoor tanning are not well understood by the general public. Much of this confusion may stem from the indoor tanning industry's marketing practices and conveyance of false and misleading health information. A recent investigative report prepared by the Minority Staff of the Committee on Energy and Commerce

in the United States House of Representatives found that the indoor tanning industry targeted teenage girls with advertising, denied known health risks, provided false information on health benefits, and did not follow Food and Drug Administration recommendations on frequency (6).

The changing pattern of skin cancer incidence connected to indoor tanning has important implications. Currently, on a population level, initial skin cancers are occurring at younger and younger ages than seen historically. As a result, we will likely see significant increases in second and recurrent skin cancers in these individuals, and all their associated medical costs for decades to come — unless something is done to halt this disturbing trend.

In 2009, the World Health Organization's International Agency for Research on Cancer classified ultraviolet-emitting tanning devices as carcinogenic to humans, akin to tobacco smoke and asbestos (7). Our research, reflecting what is happening to the young people in our state, further strengthens a compelling body of evidence showing that indoor tanning is carcinogenic.

Current public health policies protect children from other known carcinogens, such as tobacco products. It is inconceivable that we should allow children to engage in indoor tanning, a behavior that is a known human carcinogen and will adversely impact their health in a predictable fashion. As stated in a perspective piece in the *New England Journal of Medicine* (8), "Regulation of this [the indoor tanning] industry may offer one of the most profound cancer prevention opportunities of our time." I urge you to take this opportunity for the young people of Connecticut.

References

1. International Agency for Research on Cancer Working Group on artificial ultraviolet (UV) light and skin cancer. The association of use of sunbeds with cutaneous malignant melanoma and other skin cancers: A systematic review. *Int J Cancer*. 2007;120(5):1116-22.
2. Boniol M, Autier P, Boyle P, Gandini S. Cutaneous melanoma-attributable to sunbed use: systematic review and meta-analysis. *BMJ*. 2012;345:e4757.
3. Ferrucci LM, Cartmel B, Molinaro AM, Leffell DJ, Bale AE, Mayne ST. Indoor tanning and risk of early-onset basal cell carcinoma. *J Am Acad Dermatol*. 2012;67 552-62.
4. Wehner MR, Shive ML, Chren MM, Han J, Qureshi AA, Linos E. Indoor tanning and non-melanoma skin cancer: systematic review and meta-analysis. *BMJ*. 2012;345:e5909.
5. Coups E, Phillips L. A more systematic review of correlates of indoor tanning. *J Eur Acad Dermatol Venereol*. 2011;25:610-6.
6. U S. House of Representatives Committee on Energy and Commerce - Minority Staff. *False and Misleading Health Information Provided to Teens by the Indoor Tanning Industry, Investigative Report*. February 2012. Available at. <http://democrats.energycommerce.house.gov/sites/default/files/documents/False-Health-Info-by-Indoor-Tanning-Industry-2012-2-1.pdf>
7. El Ghissassi F, Baan R, Straif K, Grosse Y, Secretan B, Bouvard V, et al. A review of human carcinogens—part D: radiation. *Lancet Oncol*. 2009;10:751-2.
8. Fisher DE, James WD. Indoor tanning—science, behavior, and policy. *N Engl J Med*. 2010;363 901-3

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Yale Cancer Center



National Council on
 Skin Cancer Prevention

March 14, 2013

Dear Senator Gerratana, Representative Johnson and Members of the Public Health Committee,

RE: S.B. No 872

AN ACT CONCERNING THE USE OF TANNING DEVICES TO PERSONS UNDER THE EIGHTEEN YEARS OLD

I am writing on behalf of the Melanoma Foundation New England and melanoma patients in the state Connecticut, who are struggling with this deadly disease, to ask that you support S.B. No 872. On behalf of the Melanoma Foundation New England, I urge the legislative body and the Governor to take this opportunity to protect the health of Connecticut's most fragile youth.

The mission of the Melanoma Foundation New England is to reduce the risk of melanoma through education and early detection and to support those struggling with melanoma, the deadliest form of skin cancer.

I'd like to share the story of one high school girl who we met last year as part of our *Your Skin Is In Program*. This program targets teens and young adults, building awareness about the dangers of intentional tanning both indoors and in tanning beds.

We met this teen, who I'll call Tanya. Tanya had refused to take a pledge not to tan for the prom, but had some interest in finding out if the stories she was reading about the dangers of tanning had any truth.

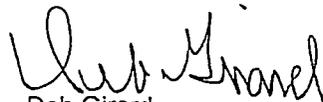
Tanya tanned outside when the weather permitted but at 17 was going to a tanning bed 3-4 times each week. She needed the glow of a tan and the increase of energy that she perceived. After hearing from young melanoma survivors about their use of tanning beds and their now life long journey with melanoma, Tanya was willing to rethink her indoor tanning behavior. If the proposed ban was in place, Tanya would not be able to take the risk of tanning.

Here are the facts

- Melanoma is the most common form of cancer for young adults 25-29 years old.

- Even minimal exposure to UV radiation from tanning beds before the age of 35 can increase the risk of developing melanoma by 75 percent. Melanoma is rising amongst young women and one American dies every hour from this disease.
- In addition to these known risks new evidence demonstrates that ever-use of indoor tanning beds is associated with a 69% increased risk of early-onset basal cell carcinoma (BCC), the most common form of skin cancer. Risk of developing BCC was higher in those who begin indoor tanning at earlier ages (less than 16 years old).
- Prohibiting the use of indoor tanning devices for all minors under the age of 18 is critical to preventing future skin cancers as survey data indicate use of these devices increases with each year of adolescence.
- Nationally, indoor tanning rates among 14-, 15-, 16-, and 17-year-old girls in the past year were 5%, 13.6%, 20.9%, and 26.8%, respectively.
- In the other New England states Vt has passed a bill banning tanning by minors, RI has passed bill requiring parental consent for all tanning bed use by minors ME and MA have proposed legislation to ban tanning by minors

Skin cancer and melanoma are increasing in epidemic numbers in our most fragile youth. It is our job to protect the health of young people. Please consider legislation to ban tanning by minors


Deb Girard
Executive Director

Testimony of the

Connecticut Society of Eye Physicians

In SUPPORT of

RB 872: AAC THE USE OF INDOOR TANNING DEVICES BY PERSONS UNDER EIGHTEEN YEARS OF AGE

To the Public Health Committee

On March 15, 2013

Good afternoon Senator Gerrantana, Representative Johnson and other distinguished members of the Public Health Committee. My name is Dr. Jeffrey Sandler and I am an ophthalmologist practicing in Bridgeport. I am a Past President of the Connecticut Society of Eye Physicians and I am on the Council of the American Academy of Ophthalmology where I represent the interests of Connecticut ophthalmologists and their patients. I am here today representing more than 300 Connecticut ophthalmologists who strongly support RB 872: An Act Concerning the Use of Indoor Tanning Devices by Persons Under Eighteen Years of Age.

Our eyes exist only for the sake of light, without which they would be useless, and yet light can be destructive to the tissues of the eye. That is particularly true for the ultraviolet light that we cannot see or make practical use of, apart from the need to satisfy a faddish cosmetic desire. The carcinogenic effects of ultraviolet light are well known, and the concerns of our dermatology colleagues well placed. Cancers of the eyelid, the surface of the eye, and even deep within the eye are only too well known to ophthalmologists. Well controlled studies of fishermen on the Chesapeake Bay have shown that have the exposure to natural ultraviolet light significantly accelerates cataract formation, and UVA, the type of ultraviolet light used in tanning booths has been implicated in the progression of macular degeneration, a serious vision threatening disease that can cause irreversible loss of vision and function. Although tanning booths offer and recommend eye protection, the age group under consideration is susceptible to the perceived pressure to achieve a uniform tan and may not fully appreciate the risks they take. Tanning parlors have no ability to monitor compliance with eye protection of clients who are inside an enclosed booth. Moreover, a recent Congressional study (<http://abcnews.go.com/Health/federal-investigation-finds-indoor-tanning-salons-deny-health/story?id=15483714>) has shown that the clients of tanning parlors are frequently misled about the health risks of indoor tanning. Attached below are abstracts from three medical journal articles that document these risks.

For the sake of sight, let's turn off these tanning lights. The ophthalmologists of Connecticut urge you to support this important legislation that seeks to protect minors from the damaging effects of indoor tanning under ultraviolet light.

Thank you for your consideration.

Respectfully,

Jeffrey Sandler, MD

Trans Am Ophthalmol Soc 1989,87.802-53

Ultraviolet radiation and the eye: an epidemiologic study.

Taylor HR.

Source

Dana Center for Preventive Ophthalmology, Johns Hopkins University School of Medicine, Baltimore, Maryland

Abstract

Circumstantial evidence from biochemical, animal, and epidemiologic studies suggests an association between exposure to UV-B radiation (290 nm to 320 nm) and cataract. Such an association had not been proven because it had not been possible to quantify ocular UV-B exposure of individuals or to reliably grade the type and severity of cataract in field studies. We undertook an epidemiologic survey of cataract among 838 watermen who work on the Chesapeake Bay. Their individual ocular UV-B exposure was quantified for each year of life over the age of 16, on the basis of a detailed occupational history combined with laboratory and field measurements of ocular UV-B exposure. Cataracts were graded by both type and severity through clinical and photographic means. SMD changes were ascertained by fundal photography. A general medical history was taken to discover potentially confounding factors. This study showed that people with cortical lens opacities had a 21% higher UV-B exposure at each year of life than people without these opacities. A doubling in lifetime UV-B exposure led to a 60% increase in the risk of cortical cataract, and those with a high annual UV-B exposure increased their risk of cortical cataract over threefold. Corneal changes, namely pterygium and CDK, were also strongly associated with high UV-B exposure. No association was found between nuclear lens opacities or macular degeneration and UV-B exposure. This study also indicated several simple, practical measures, such as wearing spectacles or a hat, that effectively protect the eye from UV-B exposure. Thus it is easily within the power of individuals to protect their eyes from excessive UV-B exposure and reduce their risk of cortical cataract. A program of public education in this area could be a cost-effective means of reducing this important disease.

Full text: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1298564/pdf/taos00012-0827.pdf>

Int J Cancer. 2004 Dec 10;112(5):896-900.

Artificial ultraviolet radiation and ocular melanoma in Australia.

Vajdic CM, Krickler A, Giblin M, McKenzie J, Aitken JF, Giles GG, Armstrong BK.

Source

National Centre in HIV Epidemiology and Clinical Research, University of New South Wales, Sydney, Australia. cvajdic@nchecr.unsw.edu.au

Abstract

We examined risk of ocular melanoma with exposure to artificial sources of exposure to ultraviolet radiation (UVR) in a population-based epidemiologic study of 290 cases of ocular melanoma and 893 controls aged 18-79 years in Australia in 1996-1998. Cases were identified through a prospective survey of all ophthalmologists and cancer registries in Australia; 91.8% participated. Controls were sourced from electoral rolls; 67.4% of those who were eligible and contactable participated, while 27.3% could not be contacted. Exposure to welding and use of sunlamps, including sunbeds and tanning booths, was measured by telephone interview. Analyses used unconditional logistic regression and included age, sex, region of birth, eye color, ocular and cutaneous sun sensitivity and personal sun exposure as covariates. Risk of choroid and ciliary body melanoma in 246 cases increased significantly with longer duration of use of sunlamps, first use before 21 years of age and first use after 1980. These effects were independent of personal sun exposure. Risk of these melanomas also increased with increasing duration of welding exposure, although the trend was not significant overall. There was no evidence that these exposures increased the risk of iris (n = 25) or conjunctival (n = 19) melanomas. Personal exposure to sunlamps and welding predicts risk of choroid and ciliary body melanoma in Australia.

(c) 2004 Wiley-Liss, Inc.

PMID: 15386378 [PubMed - indexed for MEDLINE]

<http://www.ncbi.nlm.nih.gov/pubmed/15386378>

Eye Contact Lens. 2011 Jul;37(4):246-9. doi: 10.1097/ICL.0b013e31821cbcc9.

Ultraviolet radiation as a risk factor for cataract and macular degeneration.

Roberts JE.

Source

Department of Natural Sciences, Fordham University, New York City, NY 10023, USA. jroberts@fordham.edu

Abstract

The human eye is constantly exposed to sunlight and artificial lighting. Light transmission through the eye is fundamental to its unique biological functions of directing vision and circadian rhythm, and therefore, light absorbed by the eye must be benign. However, exposure to the intense ambient radiation can pose a hazard particularly if the recipient is over 40 years of age. This radiation exposure can lead to impaired vision and transient or permanent blindness. Both ultraviolet-A (UV-A) and UV-B induce cataract formation and are not necessary for sight. Ultraviolet radiation is also a risk factor for damage to the retinas of children. The removal of these wavelengths from ocular exposure will greatly reduce the risk of early cataract and retinal damage. One way this may be easily done is by wearing sunglasses that block wavelengths below 400 nm (marked 400 on the glasses). However, because of the geometry of the eye, these glasses must be wraparound sunglasses to prevent reflective UV radiation from reaching the eye. Additional protection may be offered by contact lenses that absorb significant amounts of UV radiation. In addition to UV radiation, short blue visible light (400-440 nm) is a risk factor for the adult human retina. This wavelength of light is not essential for sight and not necessary for a circadian rhythm response. For those over 50 years old, it would be of value to remove these wavelengths of light with specially designed sunglasses or contact lenses to reduce the risk of age-related macular degeneration.

PMID: 21617534 [PubMed - indexed for MEDLINE]

<http://www.ncbi.nlm.nih.gov/pubmed/21617534>

Statement of
 Bob Heffernan
 before the
 Committee on Public Health
 on
Senate Bill 872
 Banning Indoor Tanning for Minors

Bob is a stage 4 melanoma patient residing in New Milford, who is a patient advocate for Yale-New Haven Hospital, co-chair of the Smilow Cancer Hospital Patient-Family Advisory Council, and a member of the Yale melanoma patients support group. He has also been treated at, and served as patient advocate for, the National Institutes of Health (NIH) in Bethesda, Maryland.



For 30 years, medical doctors and scientists kept telling us that cigarettes cause cancer before they were finally banned for youths. For at least the past 10 years, doctors and scientists have been warning us that tanning beds cause skin cancer.

It's time for Connecticut to follow the path of California, Brazil, Germany, Austria and the United Kingdom by passing Senate Bill 54 to ban indoor tanning by kids under age 18. Last year, New York and Vermont also banned tanning for children.

We're not talking about putting the tanning salons out of business. Kids do not have the mature minds to make informed decisions about the substantial cancer risk of tanning beds. The business plan of the tanning industry is to get kids hooked on tanning at a young age — much the same way cigarette manufacturers targeted youths in their marketing before it was finally outlawed.

The same ultraviolet light (UV) used in tanning beds caused my melanoma. As my hair receded, UV rays from the sun hit my scalp and corrupted the DNA in melanin cells of my skin. Five years ago, Yale surgeons removed a large portion of my left scalp, but the cancer got into my lymph system, lodging in my neck, then into the bloodstream and into my right lung. The mortality rate for patients in my situation is 95% within five years.

Here's why the bill is so urgent: indoor tanning dramatically elevates melanoma risk and melanoma does not respond to any chemotherapy. It's one of the top six cancers that stubbornly resists treatment and has a high mortality rate — the others being lung, brain, liver, pancreatic, and esophageal. The only FDA-approved melanoma treatments harness the immune system, but their cure rates are less than 10%.

The tanning industry tries to use pseudoscience to say its equipment produces a "safe"
 OVER

tan, just as the cigarette industry for years tried to sell "safe" cigarettes. There is no such thing as a "safe tan." Your skin is the result of hundreds of thousands of years of evolution. Connecticut's population includes high numbers of European ancestry, whose fair skins are at the greatest risk for skin cancer precipitated by UV light.

Indoor UV tanning functions as a *radiation multiplier*, because those persons still go outdoors and receive all the sun's UV like the rest of us.

Connecticut legislators must do the right thing and restrict tanning for minors. The current state laws requiring parental consent are worthless and totally unenforceable.

Here are the scientific journals laying out the case for tanning bans for youths:

- Journal of the American Academy of Dermatology: *Adverse Effects of Ultraviolet Radiation from the Use of Indoor Tanning Equipment: Time to Ban the Tan*, November 2010
- British medical journal The Lancet, *A Review of Human Carcinogens, Part D: Radiation*, "The risk of cutaneous melanoma is increased by 75% when use of tanning devices starts before 30 years of age." August 2009.
- Journal of Clinical Oncology, *Use of Tanning Beds and Incidence of Skin Cancer*, March 2012. "We detected robust association between tanning bed use and skin cancer risk. ...These findings provide evidence to support warning the public...and enacting state and federal legislation to ban tanning bed use for those under age 18."
- American Journal of Public Health, *Adolescents' Use of Indoor Tanning: A Large-Scale Evaluation of Psychosocial, Environmental, and Policy-Level Correlates*, March 2011. "The high rate of indoor tanning by older adolescent girls suggests that better laws are needed, preferably in the form of bans for those younger than 18 years...".
- International Agency for Research on Cancer, *The Association of Use of Sunbeds With Cutaneous Malignant Melanoma and Other Skin Cancers: A Systematic Review*. "Based on 19 informative studies, ever-use of sunbeds was positively associated with melanoma.... First exposure to sunbeds before 35 years of age significantly increased the risk of melanoma....". March 2006.
- U.S. Federal Trade Commission, *Indoor Tanning Association Settles FTC Charges That It Deceived Consumers About Skin Cancer Risks from Tanning*. "The messages promoted by the indoor tanning industry fly in the face of scientific evidence." January 2010.

On behalf of Debra Mahony of Fairfield, CT, I'm submitting an online petition signed by 406 Connecticut residents in 2013.

The petition calls on the Public Health Committee to ban indoor tanning for minors under the age of 18 in the state of Connecticut.

While similar to the goals of S.B. 872, this petition differs in that it does not include any exemptions

VERBATIM TEXT FROM ONLINE PETITION

I ask for your support to ban indoor tanning by minors under the age of 18 in Connecticut. The scientific evidence is clear and abundant regarding the dangers of indoor tanning — in relation to both melanoma and non-melanoma skin cancer. For the reasons summarized below, action is needed now to ban indoor tanning by minors:

- From 1970 to 2009, skin cancer incidence in the U.S. increased eight-fold among females ages 18 to 39.
- A recent national survey found that 21% of U.S. high school girls had indoor tanned in the past year.
- Individuals who indoor tan starting at younger ages have a higher risk of skin cancer compared to those starting later in life.
- Data from Connecticut show that nearly half of cases of basal cell carcinoma, a type of non-melanoma skin cancer, in females under age 40 could be prevented if individuals never tanned indoors.
- The indoor tanning industry targets teenage girls in its ads, denies known health risks, and provides false information on health benefits.
- Much of the current U.S. indoor tanning laws, which are largely based on parental consent, are ineffective in reducing indoor tanning among adolescents.
- The ultraviolet radiation (UVR) in indoor tanning can be 10 to 15 times stronger than the UVR in the Mediterranean midday sun.
- Indoor tanning is classified as a human carcinogen, like tobacco smoke and asbestos, by leading health and medical organizations, including the Centers for Disease Control and Prevention and the International Agency for Research on Cancer.
- Like cigarettes, indoor tanning as a cancer causing agent needs proper regulation for minors. California and Vermont have banned the use of tanning beds by minors under 18, New York, for those under 17.

Now is Connecticut's time to protect our minors from this carcinogen.

Please join me in supporting a ban on indoor tanning by minors under 18.

SB 872

Please see attached for my testimony for tomorrow's hearing Thanks

Mona Shahriari MD
Department of Dermatology
University of Connecticut Health Center

The true price of "beauty": an inside look into tanning

As doctors, we are dedicated to ensuring the safety of patients, and as dermatologists, skin safety and sun protection become paramount. But what do we do when our patients elect to go to a tanning salon each day?

The facts: Tanning salons have been around since the 1970s. In 1988, only 1% of Americans reported using indoor tanning facilities. However, by 2007, this number had risen to 27%. This increased popularity of indoor tanning has directly coincided with a sharp rise in skin cancer rates. Numerous research studies have proven that indoor tanning causes skin cancer including melanoma. The World Health Organization (WHO) and National Toxicology Program have classified tanning beds as a "known human carcinogen." The International Agency for Research on Cancer (IARC) states that melanoma risk is "increased by 75% when use of tanning devices starts before 30yrs of age." Indoor tanning is a potent source of UV radiation, especially UVA. The UVA radiation emitted by tanning beds is as much as 10-15 times more powerful than midday sunlight. This radiation makes the tanning beds much more dangerous than natural sunlight. The World Health Organization (WHO) and National Toxicology Program have classified tanning beds as a "known human carcinogen." The International Agency for Research on Cancer (IARC) states that melanoma risk is "increased by 75% when use of tanning devices starts before 30yrs of age."

The concern is that more and more young people are using tanning facilities each year without full knowledge of the risks associated with this behavior. Melanoma is now the most common form of cancer in the 15-29 year old age group, and unfortunately, its growth rate has increased by 50% since the 1980s. One study reported that 76% of the melanomas in this age group were attributable to tanning bed use.

Indoor tanning is a potent source of UV radiation, especially UVA. The UVA radiation emitted by tanning beds is as much as 10-15 times more powerful than midday

~~sunlight. This radiation makes the tanning beds much more dangerous than natural sunlight.~~

Despite our current knowledge, the use of tanning beds amongst fair skinned youth, the most vulnerable population, is still on the rise. So, why is this? In order to investigate this issue further, several ranking members of the House Committee on Energy and Commerce Subcommittee on health investigated the accuracy of the information provided to teenage girls who are interested in tanning services. The investigators called 300 tanning salons nationwide and asked a series of questions including risks/benefits of tanning as well as the salon policies on such. The results were alarming:

- 90% of the salons stated that tanning presented no health risks.
- Four out of five salons falsely claimed that indoor tanning is beneficial to a young person's health.
- Salons downplayed the health risks of indoor tanning stating that "it's got to be safe, or else the government wouldn't let us do it"
- Tanning salons target teenage girls in their advertisements: student discounts, prom/homecoming/back to school specials. They allow frequent, even daily tanning with "unlimited tanning" options when you sign up at the gym^[km4].

In short, there are no health benefits to indoor tanning that outweigh the risks associated with the practice. There is no such thing as a safe or moderate tan. ANY degree of tanning can lead to DNA damage and consequently, poses a serious health risk. California was the first state to ban indoor tanning for children. The law took effect on January 1, 2012. The American Academy of Pediatrics recommends a ban on the use of tanning devices by individuals under the age of 18. Passing a law like this is crucial Currently, efforts are taking place in our own state of Connecticut to pass a similar law. We must do this in order to safeguard children and adolescents from the dangers of unsafe UV radiation exposure and allow them to live the life they are entitled to^[km5].

Blurb about me:

~~Mona is a first year resident at the UConn Dermatology Department in Farmington, CT. She graduated from the University of Connecticut and majored in the Biological Sciences with a focus in physiology and neurobiology. She completed her medical education at the University of Connecticut School of Medicine. She then completed her preliminary medicine year at Baystate Medical Center in Springfield, MA. Her clinical interests include pediatric dermatology, pigmented lesions, and public policy/advocacy.~~

Mona Shahriari MD
Department of Dermatology
University of Connecticut Health Center

SB 872

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The facts: Tanning salons have been around since the 1970s. In 1988, only 1% of Americans reported using indoor tanning facilities. However, by 2007, this number had risen to 27%. This increased popularity of indoor tanning has directly coincided with a sharp rise in skin cancer rates. Numerous research studies have proven that indoor tanning causes skin cancer including melanoma. Indoor tanning is a potent source of UV radiation, especially UVA. The UVA radiation emitted by tanning beds is as much as 10-15 times more powerful than midday sunlight. This radiation makes the tanning beds much more dangerous than natural sunlight. The World Health Organization (WHO) and National Toxicology Program have classified tanning beds as a "known human carcinogen." The International Agency for Research on Cancer (IARC) states that melanoma risk is "increased by 75% when use of tanning devices starts before 30yrs of age."

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- 90% of the salons stated that tanning presented no health risks.
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February 20, 2013

Public Health Committee
Room 3000, Legislative Office Building
Hartford, CT 06106

Re: 2013 – SB 872 (Protecting All Minors from Dangers of Tanning Devices)

Dear Members of the Public Health Committee;

AIM at Melanoma urges you to support legislation that would protect minors under 18 from the known dangers of tanning devices. However, we strongly oppose language in SB 872, which allows doctors to prescribe tanning bed sessions.

The World Health Organization labeled UV radiation from tanning devices as “carcinogenic to humans.” They are in the same risk category as cigarettes and CT does not allow anyone under the age of 18 to purchase tobacco products.

The serious risks associated with a tanning device outweigh any possible benefits associated with these dangerous machines. Furthermore, an exception permitting a doctor to prepare a prescription, would allow non-medically trained individuals to perform “medical” treatments in a non-medical environment. In addition, physicians would have no control over the type of wavelength, settings or control over administration.

Inclusion of this language could also set a dangerous precedent. First, it could create a slippery slope by suggesting that the CT Legislature is willing to allow some medical conditions to be treated by non-medical personnel. Second, it could lead to serious medical conditions for some individuals later on in life.

In the last thirty years, the incidence of melanoma among young women has increased as much as 50 percent. Melanoma is now the second most common cancer in women aged 20-29. It is the leading cause of cancer death in women ages 25-30 and is second only to breast cancer in women aged 30-34. The rising rate of melanoma is, in part, due to the popularity of tanning salons among young women. Those who begin tanning before the age of 35 increase their melanoma risk by 87 percent.

In 2013, over 76,000 new melanoma cases will be diagnosed in the U.S. of which 1,080 of those melanoma cases will be reported in CT.

A recent study found that young people who tanned using indoor beds had a 69% increased chance of suffering from early-onset basal cell carcinoma (BCC), the most common form of skin cancer. The authors stated that indoor tanning was strikingly common in the study of young skin cancer patients, especially in women, which they concluded may be the reason why 70% of early-onset BCCs are to meaningful reduction in the incidence of both melanoma (which accounts for the majority of death from skin cancer) and BCC.

The World Health Organization, the American Medical Association, the American Academy of Pediatrics, and the American Academy of Dermatology have recommended that no one under the age of 18 use tanning parlor radiation.

In the interest of protecting teens from the early onset of serious medical conditions, AIM strongly urges you to support an under 18 ban with no doctor prescription exception.

Thank you for your time and consideration.

Sincerely,

Samantha Guild
AIM at Melanoma
sguild@AIMatMelanoma.org
www.AIMatMelanoma.org

March 15, 2013

The Honorable Senator Terry B. Gerratana
Chairman, Public Health Committee
Legislative Office Building, Room 3000
Hartford, CT 06106

The Honorable Representative Susan Johnson
Chairman, Public Health Committee
Legislative Office Building, Room 5007
Hartford, CT 06106

Members of the Public Health Committee of the Connecticut General Assembly

Re: **S.B. No. 872 AN ACT CONCERNING THE USE OF INDOOR TANNING DEVICES
BY PERSONS UNDER EIGHTEEN YEARS OF AGE.**

Dear Senator Gerratana, Representative Johnson, and distinguished members of the Public Health Committee:

Thank you for your public service in these challenging times. While there are many complex issues facing us in Connecticut, there's an important public health issue that, in my humble opinion, is simple:

Banning indoor tanning for minors today to prevent skin cancers tomorrow.

Indoor tanning is classified as a carcinogen, like tobacco smoke and asbestos, by the Centers for Disease Control and Prevention (CDC) and the World Health Organization. (CDC 2013, El Ghissassi 2009). No minor under 18 in our state should be exposed to the carcinogen of indoor tanning. I respectfully request that you pass a complete ban on indoor tanning and remove the physician-prescription exemption from S B 872 — for these reasons:

1. Browning or burning your skin in a tanning booth is not equivalent to receiving focused phototherapy from a dermatologist in a clinical setting.

The president of the American Academy of Dermatology (AAD), Dr. Daniel Siegel, a dermatologist in private practice, explains it well:

[T]he crucial disparity is that phototherapy is closely monitored and supervised by a dermatologist, a medical doctor who has the appropriate training and expertise in this area. This type of medical care is not provided at an indoor tanning salon, where operators have minimal knowledge about the potential side effects of UV light, and tanning bed lamps have variable amounts of UVA and UVB light. A recent investigation by the U.S. House Energy and Commerce Committee [U.S. Congressional Report 2012] demonstrates that when asked direct, simple questions about the safety of indoor tanning, the industry willfully misleads potential customers, putting their health in jeopardy.

The U.S. Food and Drug Administration (FDA) approves medical UV phototherapy lamps and devices for use in a clinical setting, but it does not approve the use of indoor tanning devices for medical treatment or recognize an indoor tanning bed as a medical device. For several chronic skin diseases, including psoriasis, vitiligo, and atopic dermatitis, the use of phototherapy in the dermatologist's office may be prescribed as a treatment. In these cases, the dermatologist and patient assess and weigh the potential benefit of treatment of the skin disease against the risks of UV exposure. (American Academy of Dermatology)

2. A tanning booth is particularly dangerous for younger users; people who begin indoor tanning younger than age 35 have a 75% to 87% higher risk of melanoma (IARC 2007, Boniol 2012), the deadliest form of skin cancer.
3. A recent national survey found that 21% of U.S. high school girls had tanned indoors in the past year (Eaton 2012). This rises to 32% among 12th-grade girls (CDC 2013). With percentages that high, could a prescription exemption create a prom-tan loophole or worse?
4. Allowing medical prescriptions for minors to use tanning beds will enable the indoor tanning industry to claim that a tanning bed can be medically necessary, safe, and efficacious for minors — against a mountain of compelling scientific evidence to the contrary.

We are fortunate in Connecticut to have some of the most respected and productive skin cancer researchers and physicians in the country. I was lucky to work under some of them while earning my master's in public health at the Yale School of Public Health. Their skin-cancer research was funded by a Specialized Programs of Research Excellence (SPORE) grant from the National Institutes of Health. During my graduate work in New Haven, I came into contact with hundreds of young adult survivors of skin cancers; many of them had indoor tanned in their teens. From that experience and from studying the clear and abundant scientific evidence on the carcinogenic effects of indoor tanning, I became convinced of the absolute need to prohibit indoor tanning for minors in our state. Over the past 5 months, I have helped to coordinate a statewide effort toward a ban. Along the way I have been joined by more than 400 Connecticut residents in petitioning the Public Health Committee to pass a ban on indoor tanning for minors under 18 without exception. I submitted the electronic petition, with the 406 signatures, to the committee earlier this week.

Current U.S. indoor tanning laws based on parental consent do not reduce indoor tanning among adolescents (Mayer 2011). In addition to being ineffective, parental consent laws for indoor tanning beg the question: We do not have legislation allowing parental consent for underage drinking and smoking, so why would we have it for indoor tanning?

We need a complete ban now because the skin-cancer risks posed by indoor tanning are too dangerous — especially for adolescents:

1. The UV radiation in indoor tanning can be 10 to 15 times stronger than the UV radiation from the midday sun in the Mediterranean. (Boniol 2012)

2. Yale researchers found that *nearly half* of all cases of the most common type of skin cancer in women under age 40 in Connecticut could be prevented if individuals never tanned indoors. (Ferrucci 2012) Nearly half!
3. Individuals who indoor tan starting at younger ages have a higher risk of all types of skin cancer compared to those starting later in life. (Boniol 2012; IARC 2007; Wehner 2012)
4. Skin cancer is increasing in incidence, especially in young people, and is highly preventable. Melanoma increased eight-fold among females, ages 18 to 39, over the past 40 years. (Reed 2012) Eight times, in just over a generation!

While I am a proponent of sensible cancer prevention, I do appreciate non-cancer-related concerns I've heard about the prospect of a ban. I want to address them here.

What about the impact on small business?

A *Hartford Courant* news story from January 3, 2013 suggests that the impact on the business of indoor tanning in Connecticut would be minimal. According to the *Courant's* reporter who interviewed "Tom Kelleher, owner of Tommy's Tanning, a chain of 14 salons in Connecticut":

Kelleher said less than one percent of his customers are minors. "There's a huge misperception," he said. "People think: tanning, spring break." In reality, he said, tanning customers are older, and more likely to be men, than the stereotype would have it. (Hartford Courant)

A magazine aimed at tanning-parlor owners and clients, *Smart Tan*, recently reported that in Victoria, British Columbia, despite an under 18 ban there, tanning salons are finding their business to be "steady or up or over last year's sales." (*Smart Tan*) The article attributed this to increased sales of spray tans as a non-carcinogenic alternative. Citing a survey showing that "60 percent of salon clients are using sunless, and 40 percent of those clients had never been in the store before," another article in the most recent issue of *Smart Tan* states that "... sunless tanning isn't just a way to improve sales with your existing client base, it's an opportunity to expand market into fresh territory." (*Smart Tan*)

What about the impact on state and local budgets?

From my calls to public health officials in California, New York, and Vermont, where complete bans of indoor tanning for minors are in effect, I have learned that these bans have so far had no impact on local budgets and may, through ongoing enforcement, increase local and state revenues. In New York, enforcement is piggybacked on existing enforcement of alcohol and cigarettes sales to minors.

What about the impact on minors who need phototherapy who cannot access it?

In California, New York, and Vermont — with a combined population of more than 46 million people — the health officials I reached know of no cases of patient-access-to-phototherapy problems arising from complete indoor tanning bans for minors. Patient-access-to-phototherapy concerns are a non-issue in those states.

Please support a complete ban to protect minors from the carcinogenic effects of indoor tanning. This is simple. It's about doing what's right today for our kids to prevent cancers tomorrow.

Thank you for your time and considerations.

Peter D. Spain, MPH
280 Grovers Avenue
Bridgeport, CT 06605
203-212-6238

References

American Academy of Dermatology (AAD). American Academy of Dermatology's statement regarding the American Suntanning Association. Jan 7, 2013. Daniel M. Siegel, MD, FAAD President, American Academy of Dermatology. Accessed online Mar 7, 2013: <http://www.aad.org/stories-and-news/news-releases/4b50deaf-316a-43d6-b9e1-34130ec2f3e6>

Boniol M, Autier P, Boyle P, and Gandini S. Cutaneous melanoma attributable to sunbed use: systematic review and meta-analysis. *BMJ*. 2012;345:e4757.

Centers for Disease Control and Prevention (CDC). Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion Skin Cancer: Indoor Tanning. Last updated Oct 31, 2012. Accessed online Mar 7, 2013: http://www.cdc.gov/cancer/skin/basic_info/indoor_tanning.htm

Eaton DK, Kann L, Kinchen S, et al. Youth risk behavior surveillance—United States, 2011. *MMWR Surveillance Summaries*. 2012;61(4):1–162. Table 111: Percentage of high school students who most of the time or always wore sunscreen with an SPF of 15 or higher and who used an indoor tanning device, by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 2011.

El Ghissassi F, Baan R, Straif K, et al. A review of human carcinogens—part D: radiation. *Lancet Oncology*. 2009;10(8):751-752.

Ferrucci LM, Cartmel B, Molinaro AM, Leffell DJ, Bale AE, Mayne ST. Indoor tanning and risk of early-onset basal cell carcinoma. *J Am Acad Dermatol*. 2012;67(4):552-62.

Hartford Courant. CT Tanning Salons Offer Up New Rules for Teenage Tanners by Daniela Altmani, Jan 3, 2013. Accessed online Mar 7, 2013: <http://courantblogs.com/capitol-watch/ct-tanning-salons-offer-up-new-rules-for-teenage-tanners/>

International Agency for Research on Cancer (IARC) Working Group on Artificial Ultraviolet (UV) Light and Skin Cancer. The association of use of sunbeds with cutaneous malignant melanoma and other skin cancers: a systematic review. *Int J Cancer*. 2007;120(5):1116–1122.

Mayer JA, Woodruff SI, Slymen DJ, et al. Adolescents' use of indoor tanning: A large-scale evaluation of psychosocial, environmental, and policy-level correlates. *Am J Public Health*. 2011; 101(5): 930–938.

Reed KB, Brewer JD, Lohse CM, Bringe KE, Pruitt CN, Gibson LE. Increasing incidence of melanoma among young adults: an epidemiological study in Olmstead County, Minnesota. *Mayo Clinic Proceedings*. 2012;87(4): 328-334.

Smart Tan Magazine (article 1): Finding the brighter side. By Steve Gilroy. Vol 26, issue 3.

Smart Tan Magazine (article 2): Unleashing your sunless business: Every salons guide to astonishing sunless sales. Vol 28, issue 3. Accessed online Mar 12, 2013:
<http://smarttan.epubxp.com/title/9532>

U S. Congressional Report. House of Representative Committee on Energy and Commerce. False and Misleading Health Information Provided to Teens by the Indoor Tanning Industry, Investigative Report. Feb 1, 2012. Accessed online Jan 7, 2013:
<http://democrats.energycommerce.house.gov/sites/default/files/documents/Tanning%20Investigation%20Report%202.1.12.pdf>

Wehner MR, Shive ML, Chren M-M, Han J, Qureshi AA, Linos E. Indoor tanning and non-melanoma skin cancer: systematic review and meta-analysis. *BMJ* 2012;345:e5909.

SB 872

Written Testimony of the Tim Callahan, Director of Health City of Norwalk
*In Support of Raised Bill No 872 An Act Concerning the Use of
Indoor Tanning Devices by Persons Under Eighteen Years of Age*

March 15, 2013

To the Co-Chairs and Members of the Public Health Committee

You will hear many sound reasons for banning children under the age of 18 from using indoor tanning devices. The research findings are alarming. Rather than repeat the statistics, I will share my experiences with passing regulations governing indoor tanning

In 2012 the City of Norwalk Common Council enacted an ordinance aimed at reducing access to tanning devices by children, raising the awareness to the negative health consequences users of these devices face, and requiring tanning device operators to maintain their equipment and their facilities.

The impetus for adopting a tanning ordinance came from the Norwalk Board of Health. We reviewed the findings of numerous studies highlighting the relationship between indoor tanning and a corresponding increase in the incidence of melanoma. Most compelling was anecdotal evidence collected during focus groups with Norwalk high school aged children. They told us the use of indoor tanning devices was common among their peers. The Board of Health members concluded that for a variety of reasons most youngsters do not understand the serious health implications indoor tanning poses, particularly since the consequences are not apparent until later in life. Therefore the Board members strongly supported establishing regulations governing indoor tanning.

Our process for adopting an ordinance includes conducting a public hearing. The Ordinance Committee of the Common Council discussed this matter at 2 regular meetings and conducted a public hearing. Health Department staff contacted all of eight the facilities in town to make the owners aware of the public hearing. Only people in support of this regulation attended and spoke at the public hearing. The ordinance was unanimously passed by the Common Council.

The ordinance has been in effect for one year. The establishment owners are complying with the requirements. At least one, Crunch Fitness, a national franchise, follows a company policy which prohibits use of tanning beds by anyone under the age of 18.

The idea of extending our local ban from 16 year olds to 18 year olds was discussed. We opted to move forward and revisit this matter at a later date. There is support to move ahead in Norwalk. We hope your passage of this bill will make our action unnecessary. I fully support that passage of Bill # 872.

Regards

Tim Callahan
Director of Health City of Norwalk

Testimony of the
Connecticut Dermatology and Dermatologic Surgery Society
Connecticut ENT Society
Connecticut Urology Society
Connecticut Society of Eye Physicians

In SUPPORT of

SB 872 AAC THE USE OF INDOOR TANNING DEVICES BY PERSONS UNDER EIGHTEEN YEARS OF AGE

To the Public Health Committee

On March 15, 2013

Good afternoon Senator Gerrantana, Representative Johnson, and other distinguished members of the Public Health Committee. My name is Dr. Philip Kerr, and I practice in Farmington at the UConn Health Center, where I am an Associate Professor of Dermatology and Dermatopathology and am the Director of the Melanoma Clinic. As the immediate Past President of the CT Dermatology Society, I am here representing more than 1000 Connecticut physicians in the above-named societies who strongly support SB 872.

There is little scientific doubt that a relationship exists between the artificial ultraviolet radiation that is emitted by commercial tanning devices and the development of skin cancers. Recently, the International Agency for Research on Cancer, a division of the World Health Organization, classified tanning devices as "Group 1: carcinogenic to humans." Other noteworthy members of that group include asbestos and tobacco smoke. Their analysis showed a direct link between the use of tanning devices and an increased risk of developing malignant melanoma. Malignant melanoma is the deadliest form of skin cancer and the sixth most common cause of cancer deaths in the United States.

Unfortunately, malignant melanoma has been diagnosed more and more frequently in the past few decades, especially in young adults. Twenty-five years ago, melanoma and non-melanoma skin cancer were rarely diagnosed in patients under the age of 30. Yet today, melanoma is now the most common

cancer in 25-29 year olds, the second most common in 15-34 year olds, and a leading cause of cancer death in these young people.

Why do we agree with this bill's focus on young people (minors)? It has long been known that the earlier in one's life that a person gets exposed to significant amounts of ultraviolet radiation, the more likely they are to develop skin cancer, including melanoma, over their lifetime. Additionally, we believe that young people are less able to weigh the pros and cons of using commercial tanning beds. This relative lack in ability to weigh pros and cons is, of course, why minors are generally not able to enter into legal contracts or make their own medical decisions. Indeed, we as physicians would not be able to treat a minor with ultraviolet light therapy for medical purposes without getting parental consent.

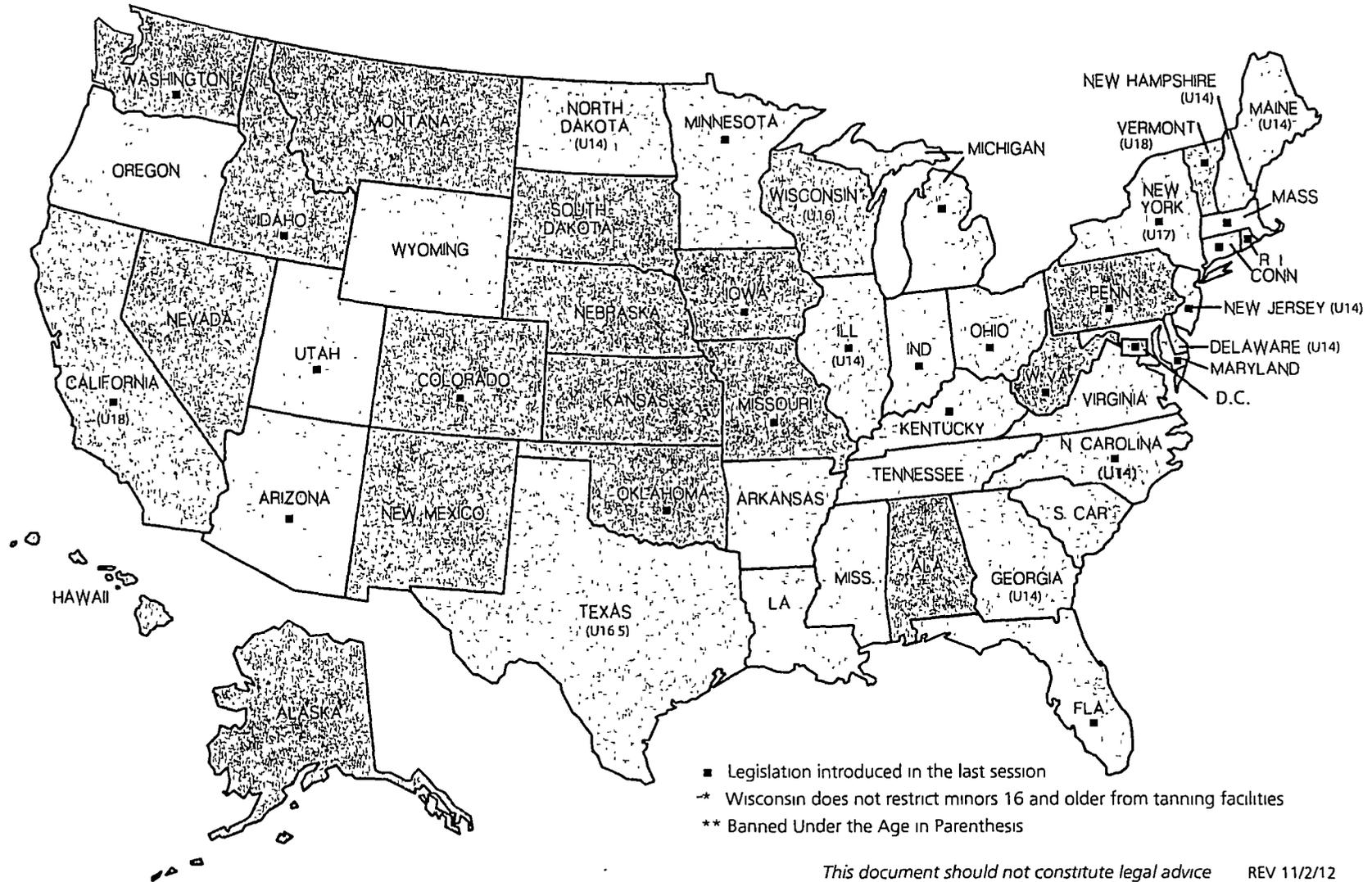
Importantly, minors have been shown to be more susceptible to misinformation about indoor tanning. Such misinformation includes, but unfortunately is not limited to, the idea that a person can achieve a "safe tan" using tanning beds. Tanning is simply a genetic defense mechanism, triggered by DNA injury from ultraviolet radiation, in which skin cells try to shield themselves from *further* injury. There is no such thing as a "safe" or "responsible" tan any more than there is a safe or responsible number of cigarettes a person can smoke. Another bit of misinformation the tanning bed industry promulgates is the idea that tanning bed use will help people make vitamin D. The truth is that ultraviolet B triggers vitamin D production in the skin, and, while plentiful in natural sunlight, UV B accounts for only a tiny fraction of the UV radiation one receives from a tanning bed. Over 90% of the UV light emitted from tanning beds is UV A, which does nothing to help create vitamin D.

In closing, we feel that the ever-growing body of evidence linking the use of indoor tanning facilities and the deadliest form of skin cancer requires us to take a firmer stance on how these services are used by minors in the State of Connecticut. In doing so, we hope and anticipate that lives will be saved. Thank you.

If members of this committee have any further questions, I can be reached at 860-679-4600, or you may contact Debbie Osborn, Executive Director of the Connecticut Dermatology and Dermatologic Surgery Society, at 860-567-4911.

Indoor Tanning Restrictions by State

- No Tanning Restrictions
- Only Requires Parental Consent
- ▣ Underage Tanning Banned*
- ▤ Underage Ban & Parental Permission Required**



■ Legislation introduced in the last session
 * Wisconsin does not restrict minors 16 and older from tanning facilities
 ** Banned Under the Age in Parenthesis

SB 872

I offer the following testimony in support of **S.B. No. 872 AN ACT CONCERNING THE USE OF INDOOR TANNING DEVICES BY PERSONS UNDER EIGHTEEN YEARS OF AGE**

As a pediatrician, I urge the immediate adoption of this above referenced act. Please heed the wise counsel of the American Academy of Pediatrics (AAP) who recognizes both the incomplete development and judgement of minors (who may not vote) AND the profound likelihood that minors will, in fact, use indoor tanning devices. The AAP has recommended that children under the age of 18 be prohibited from using such devices.

I urge you to protect minors from exposing themselves to a device that will significantly and absolutely needlessly increase their risk of skin cancer, including fatal skin cancer.

Thank you.

Andrea Gottsegen Asnes, MD, MSW

Yale School of Medicine

Department of Pediatrics

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**Connecticut
Public Health
Association**

Promoting Public Health in Connecticut Since 1916

**TESTIMONY OF THE CONNECTICUT PUBLIC HEALTH ASSOCIATION
S.B. 872: AN ACT CONCERNING THE USE OF INDOOR TANNING DEVICES BY
PERSONS UNDER EIGHTEEN YEARS OF AGE.
PUBLIC HEALTH COMMITTEE
MARCH 15, 2013**

Senator Gerratana, Representative Johnson and members of the Public Health Committee, my name is Kathi Traugh and I am the President of the Connecticut Public Health Association (CPHA). CPHA represents over 300 public health professionals in promoting and protecting the public's health. As such, the CPHA supports a ban on the use of indoor tanning by children and adolescents under the age of 18 and requests an amendment to S.B. 872 to remove the physician referral language.

The greatest risk posed by the ultraviolet (UV) radiation emitted from indoor tanning devices is an increased risk of developing various types of skin cancer. Skin cancer has increasingly become a pressing public health concern for younger populations throughout the country and is the most common type of cancer in the United States, with more than two million new diagnoses each year and approximately 12,000 deaths in 2012.¹ Melanoma, the deadliest form of skin cancer and most common kind among young adults age 25-29, accounted for 9,000 of those deaths.¹ The state of Connecticut has the 8th highest melanoma incidence rate in the country.²

Those who have ever used an indoor tanning device have a 20% increased risk of developing melanoma compared to those who never have, while those who first initiate indoor tanning before age 35 have an 87% increased risk of melanoma.³ Additionally, people who use these devices have a 29% increased risk of developing basal cell carcinoma and a 67% increased risk of developing squamous cell carcinoma, compared to those who never use them.⁴ Due to these statistics, the World Health Organization's International Agency for Research on Cancer (IARC) classifies indoor tanning devices as "carcinogenic to humans," the highest and most harmful classification an item can receive. Other carcinogens in this classification category include tobacco, asbestos and benzene.⁵

Indoor tanning devices are popular among children and adolescents under the age of 18. Approximately 13% of 9th graders report having used indoor tanning devices, and by 12th grade the percentage increases to 21.7% for all 12th graders and 32% for females alone.⁶ Studies suggest that childhood and adolescence are critical periods for the development and initiation of adult melanoma—indicating that exposure to UV radiation from tanning beds during these years poses a significant risk of developing non-deadly melanomas later in life.⁴ The World Health Organization, along with the American Academy of Pediatrics (AAP), the American Academy of Dermatology Association (AADA) and the American Medical Association (AMA) all support the restriction of indoor tanning for minors.^{7, 8, 9, 10} Additionally, in 2012, California and Vermont passed laws similar to S.B. 872, banning indoor tanning for children under eighteen years old. New York passed a ban on indoor tanning for children under 17 years old in 2012 as well.⁷

Individuals with skin conditions like psoriasis, vitiligo and atopic dermatitis that may require supervised phototherapy can consult with their doctors about this treatment option. Phototherapy is different from indoor tanning in that it is prescribed, administered and supervised by a dermatologist.¹¹ Also, those who suffer from these various skin conditions benefit primarily from exposure to UVB light in phototherapy equipment, not the UVA light that is the primary type of UV in commercial indoor tanning devices.¹² The U.S. Food and Drug Administration (FDA) does not recognize indoor tanning devices as medical devices or indoor tanning as a medical treatment.¹¹ Finally, various respected medical organizations, including the National Psoriasis Foundation, the American Academy of Dermatology (AAD), the American Society of Dermatologic Surgeons Association (ASDSA) and the Connecticut Society of Dermatologists have all made statements that indoor tanning is not an appropriate or legitimate substitute for medically supervised phototherapy, and do not support the use of indoor tanning for the treatment of skin conditions.^{11,12,13,14} Thus, CPHA believes that the medical exception currently included in SB 872 is in opposition to the guidance of these leading medical organizations, and should be removed.

CPHA strongly recommends that the Connecticut legislature join California and Vermont in a complete ban of indoor tanning devices by children under the age of 18. Skin cancer is an important public health concern and the increased risk seen with exposure to UV radiation from indoor tanning devices is completely preventable. Preventing skin cancer is a life-long effort, and banning the use of indoor tanning devices will ensure that Connecticut's children will be one step ahead on this path.

Thank you for your time and attention.

Sincerely,
Kathi Traugh, MPH
President
Connecticut Public Health Association

References

1. American Cancer Society. (2012) Cancer Facts and Figures 2012. Atlanta: American Cancer Society.
2. Environmental Protection Agency. (2009, May). Facts about: Skin Cancer, Connecticut. Retrieved February 22, 2013, from www.epa.gov/sunwise/doc/ct_facts_web.pdf
3. Boniol, M., Autier, P., Boyle, P., Gandini, S. (2012, July). **Cutaneous melanoma attributable to sunbed use: systematic review and meta-analysis**. *BMJ* 345(e4757). doi: 10.1136/bmj.e4757
4. Wehner, M. R., Shive, M. L., Chren, M., Han, J., Qureshi, A. A., & Linos, E. (2012, October 2). Indoor Tanning and non-melanoma skin cancer: systematic review and meta-analysis. *British Medical Journal*.
5. Ghissassi, F.E., Baan, R., Straif, K., Yann, Secretan, G.B., Bouvard, V., Benbrahim-Tallaa, L., Guha, N., Freeman, C., Galichet, L. & Coglianò, V. (2009). A review of human carcinogens – Part D: radiation. *The Lancet Oncology*. 10(8), 751-752.
6. Centers for Disease Control and Prevention. (2012, August). Indoor tanning. http://www.cdc.gov/cancer/skin/basic_info/indoor_tanning.htm
7. American Academy of Dermatology. (n.d.). Indoor Tanning. Retrieved March 2, 2013, from <http://www.aad.org/media-resources/stats-and-facts/prevention-and-care/indoor-tanning>
8. New York State Department of Health. (n.d.) Indoor Tanning. <http://www.health.ny.gov/environmental/indoors/tanning/>
9. Barclay, L. (2011, February 28). AAP Issues Guidelines on Limiting Sun Exposure in Children. In *Medscape News Today*. Retrieved February 23, 2013, from <http://www.medscape.com/viewarticle/738074>
10. World Health Organization. (n.d.). Artificial tanning sunbeds. In *Ultraviolet radiation and the INTERSUN Programme*. Retrieved March 2, 2013, from <http://www.who.int/uv/intersunprogramme/activities/uvartsunbeds/en/> 16. Krupa, C. (2011, March 21). Cancer prevention efforts target tanning salons. In *American Medical News*. Retrieved March 2, 2013, from <http://www.ama-assn.org/amednews/2011/03/21/hlsa0321.htm>
11. Siegel, D. M. (2013, January 7). In American Academy of Dermatology's statement regarding the American Suntanning Association . Retrieved March 12, 2013, from <http://www.aad.org/stories-and-news/news-releases/4b50deaf-316a-43d6-b9e1-34130ec2f3e6>
12. National Psoriasis Foundation. (n.d.). In *Phototherapy*. Retrieved March 12, 2013, from <http://www.psoriasis.org/about-psoriasis/treatments/phototherapy>
13. American Society of Dermatologic Surgery Association. (n.d.). Indoor tanning position statement. Retrieved 3/14/13, <http://asdsa.asds.net/indoortanningposition.aspx>
14. Connecticut Society of Dermatology. (2012, May). Indoor tanning position statement. Retrieved 3/13/13, <http://ctdermatologysociety.org/images/CDS%20Position%20on%20Indoor%20Tanning%20Position%20Statement.pdf>

SB 872

As doctors, we are dedicated to ensuring the safety of patients, and as dermatologists, skin safety and sun protection become paramount. But what do we do when our patients elect to go to a tanning salon each day?

The facts: Tanning salons have been around since the 1970s. In 1988, only 1% of Americans reported using indoor tanning facilities. However, by 2007, this number had risen to 27%. This increased popularity of indoor tanning has directly coincided with a sharp rise in skin cancer rates. Numerous research studies have proven that indoor tanning causes skin cancer including melanoma. Indoor tanning is a potent source of UV radiation, especially UVA. The UVA radiation emitted by tanning beds is as much as 10-15 times more powerful than midday sunlight. This radiation makes the tanning beds much more dangerous than natural sunlight. The World Health Organization (WHO) and National Toxicology Program have classified tanning beds as a "known human carcinogen." The International Agency for Research on Cancer (IARC) states that melanoma risk is "increased by 75% when use of tanning devices starts before 30yrs of age."

The concern is that more and more young people are using tanning facilities each year without full knowledge of the risks associated with this behavior. Melanoma is now the most common form of cancer in the 15-29 year old age group, and unfortunately, its growth rate has increased by 50% since the 1980s. One study reported that 76% of the melanomas in this age group were attributable to tanning bed use.

Despite our current knowledge, the use of tanning beds amongst fair skinned youth, the most vulnerable population, is still on the rise. So, why is this? In order to investigate this issue further, several ranking members of the House Committee on Energy and Commerce Subcommittee on health investigated the accuracy of the information provided to teenage girls who are interested in tanning services. The investigators called 300 tanning salons nationwide and asked a series of questions including risks/benefits of tanning as well as the salon policies on such. The results were alarming:

- 90% of the salons stated that tanning presented no health risks.
- Four out of five salons falsely claimed that indoor tanning is beneficial to a young person's health.
- Salons downplayed the health risks of indoor tanning stating that "it's got to be safe, or else the government wouldn't let us do it"
- Tanning salons target teenage girls in their advertisements: student discounts, prom/homecoming/back to school specials. They allow frequent, even daily tanning with "unlimited tanning" options when you sign up at the gym.

In short, there are no health benefits to indoor tanning that outweigh the risks associated with the practice. There is no such thing as a safe or moderate tan. ANY degree of tanning can lead to DNA damage and consequently, poses a serious health risk. California was the first state to ban indoor tanning for children. The law took effect on January 1, 2012. The American Academy of Pediatrics recommends a ban on the use of tanning devices by individuals under the age of 18. Passing a law like this is crucial in order to safeguard children and adolescents from the dangers of unsafe UV radiation exposure and allow them to live the life they are entitled to.

Mona Shahriari MD
Department of Dermatology
University of Connecticut Health Center

Strengthening local public health

Connecticut Association
of Directors of Health

Testimony of the Connecticut Association of Directors of Health
In Support of Raised Bill No. 872, An Act Concerning the Use of
Indoor Tanning Devices by Persons Under Eighteen Years of Age
 To the Distinguished Co-Chairs and Members of the Public Health Committee
 March 15, 2013

Good afternoon, Distinguished Co-Chairs and Members of the Public Health Committee. My name is Karen Spargo and I am the President of the Connecticut Association of Directors of Health (CADH) and the Director of the Naugatuck Valley Health District, serving the towns of Ansonia, Beacon Falls, Derby, Naugatuck, Seymour, and Shelton.

CADH supports Raised Bill 872, An Act Concerning the Use of Indoor Tanning Devices by Persons Under Eighteen Years of Age to protect a vulnerable population from the significant health risks associated with prolonged exposure to ultraviolet (UV) radiation.

It is well-established that the sunlamps used in tanning beds increase a user's risk of developing skin cancer, especially melanoma, the most deadly form of skin cancer. In July 2009, the International Agency for Research on Cancer (IARC) moved tanning devices into the highest cancer risk category, "carcinogenic to humans." The decision was based on a review of 19 studies conducted over 25 years on the use of indoor tanning equipment. Prolonged exposure to UV radiation also causes premature aging, by causing the skin to lose elasticity and wrinkle prematurely; suppresses proper immune function; causes irreversible eye damage; and may trigger an allergic reaction in some individuals.¹ Accordingly, Healthy People 2020 has included the reduction of indoor tanning among minors in its national objectives.²

Young adults make up a growing number of tanning bed customers. Not coincidentally, the American Academy of Dermatology reports that melanoma incidence rates have been increasing for at least 30 years, and melanoma is now the most common cancer in young adults 25 to 29 years old and the second most common form of cancer for adolescents and young adults 15 to 29 years old.³ Accordingly, the IARC, the American Cancer Society, and the Skin Cancer Foundation all suggest restricting the use of tanning beds by minors.⁴ California and Vermont ban the use of tanning beds for individuals under 18 years of age, and some local jurisdictions have begun enacting such bans as well.⁵

¹ Food and Drug Administration *Indoor Tanning: The Risks of Ultraviolet Rays*
<http://www.fda.gov/downloads/ForConsumers/ConsumerUpdates/UCM190664.pdf> Accessed March 13, 2013

² Centers for Disease Control and Prevention
<http://m.cdc.gov/en/HealthSafetyTopics/DiseasesConditions/Cancer/Skin/indoorTanning> Accessed March 13, 2013

³ American Academy of Dermatology *Skin Cancer* <http://www.aad.org/media-resources/stats-and-facts/conditions/skin-cancer>
 Accessed March 13, 2013

⁴ Skin Cancer Foundation. FDA Panel Weighs New Restrictions on Tanning Beds
<http://www.skincancer.org/news/tanning/FDA-Panel-Weighs-New-Restrictions-on-Tanning-Beds> Accessed March 13, 2013

⁵ National Conference of State Legislatures *Tanning Restrictions for Minors- A State-by-State Comparison*
<http://www.ncsl.org/issues-research/health/indoor-tanning-restrictions.aspx> Accessed March 13, 2013

CADH supports the enforcement provisions as drafted, specifically:

- (1) The language that provides that fines levied be paid to the municipal health department or district department of health for the municipality in which an offending tanning facility is located, which will enhance the capacity of local health departments to enforce any ban passed; and
- (2) The language stating that any municipal health department or district department of health may, within its available resources, enforce such a ban, allowing flexibility in a challenging fiscal climate for local health officials to strategically allocate resources to optimize health services for the communities they serve.

Finally, though CADH supports any ban as better than none, bill language would be improved by removing the medical exception clause. Indoor tanning is not an acceptable alternative to phototherapy, according to the Connecticut Society of Dermatology.⁶ UV devices may prove to be therapeutically valuable in treating skin conditions such as psoriasis and eczema. However, the types of UV devices found in physician's offices are more strictly regulated than those found in tanning salons.⁷ We encourage the Public Health Committee to remove this exception.

Raised Bill 872 protects a vulnerable and impressionable population that may be inappropriately influenced by societal pressures to tan, without fully appreciating the long-term dangers. Accordingly, CADH supports Raised Bill 872 to protect Connecticut's youth from preventable adverse health outcomes. CADH is a nonprofit organization comprised of Connecticut's 74 local health departments and districts. Local health directors are the statutory agents of the Commissioner of Public Health and are critical providers of essential public health services at the local level in Connecticut. Thank you for your consideration.

⁶ Connecticut Society of Dermatology *Indoor Tanning Position Statement*.

<http://ctdermatology.society.org/images/CDS%20Position%20on%20Indoor%20Tanning%20Position%20Statement.pdf>

Accessed March 14, 2013

⁷ *Id*



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**Statement of Paul Harrington
Director of Sales, Tommy's Tanning, Inc
Before the
Public Health Committee
March 15, 2013**

Senate Bill 872

Senator Gerratana, Representative Johnson and members of the committee:

My name is Paul Harrington. I am the Director of Sales for Tommy's Tanning, Connecticut's largest tanning salon chain. We currently employ nearly 100 people, have 14 locations, and have operated successfully for 27 years. I joined Tommy's Tanning four years ago after working in a national capacity for eight years with California Tan, one of the largest tanning lotion manufacturers in the world.

It has been and will continue to be our goal to protect **EVERYONE**, including minors, from the risks associated with the use of tanning devices.

We respectfully submit that we have always gone beyond the current regulation. We, along with other tanning salons in Connecticut, have implemented a protocol that prohibits tanning by individuals under 16 without a doctor's order. Further, teens 16 and 17 can tan but must have the written consent of a parent or guardian. Finally, our protocol requires that this policy be prominently displayed in all of our offices.

I know you are aware of the current state law on parental consent—it applies to customers under the age of 16. We go well beyond the current law in this, and other, respects.

Secondly, we currently provide written material to all of our clients, including minors and parents and/or guardians of the risks associated with indoor tanning, including the potential risk of developing skin cancer in four ways. First, is our client consent form. Second, there are uniform FDA approved warning labels on each piece of equipment. These FDA warning labels reflect the uniqueness of each tanning device, and the complicated approval process between manufacturers and the FDA. Thirdly, we have the same "Danger" signs required by bed manufactures per the FDA regulations, posted at all of our front counters for clients to review. And finally, all of our staff is "Smart Tan Certified", educated about the tanning process in order to minimize risks

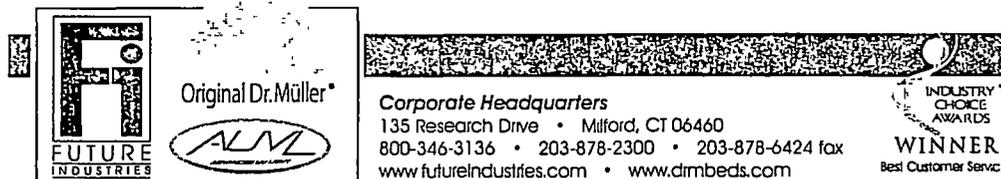
We take our responsibility very seriously and we work with our clients to make sure they tan responsibly. This decision should be left to families to make and not the government.

Our salons are state-of-the-art, safe and clean. If you tell a minor who is 17 and nearing legal adulthood that he or she cannot do something, they will probably think of a way to get around the prohibition. Maybe they will stay outdoors, tanning longer and over-exposing in an uncontrolled environment. Or, they might visit a friend's home who has a tanning bed and tan without any limit or in a way that not follow any industry guidelines. Either way, I would just urge you to think of possible unintended consequences of this bill.

Our industry in Connecticut has stepped up to the plate on this issue. Our protocol to limit tanning by teens under 16 and require parental consent for 16 and 17 year-olds has been implemented and is working. The industry is regulating itself and I would ask that you respect this process and permit us to continue to do so through the balance of 2013.

If you would decide to press forward with legislation, we would urge you to take our minors' protocol and substitute it into the underlying bill. That way you will have restrictions on tanning by minors while still permitting those teens who are near legal adulthood to tan. Our protocol makes sense and is a sound compromise on this issue.

Thank you for hearing my comments. Tommy's Tanning appreciates the opportunity being a part of this dialogue and we would be happy to discuss the issue further as the legislative process proceeds this session.



Statement of the Karen Bentlage, Future Industries, Milford, Connecticut
Senate Bill 872
March 15, 2013

Sen. Gerratana, Rep. Johnson and members of the committee:

We appreciate the opportunity to offer comments in regard to Senate Bill 872, *An Act Concerning the Use of Indoor Tanning Devices by Persons Under Eighteen Years of Age.* As drafted, the bill would prohibit minors from using indoor suntanning facilities in the state of Connecticut. The indoor tanning sector opposes the bill as drafted. However, we believe there is a middle ground on this issue and offer a major compromise for you to consider.

Indoor suntanning salons provide a legal and regulated service that is desired by consumers in Connecticut and elsewhere. We have a presence in Connecticut that should be noted: Future Industries, a major national distributor of air brush tanning and indoor sun tanning products, employs 40 people at its Milford facility.

After months of discussion, nearly 100 tanning salons and businesses that have tanning as an ancillary service, adopted a minors' protocol on January 2 of this year. The protocol is being implemented throughout the state at member facilities right now. The elements of our protocol include:

- Teens under the age of 16 may not tan. There is an exception for a teenager who has a doctor's order, typically for treatment of psoriasis, eczema or severe acne.¹
- Teens age 16 and 17 may tan if they have written consent from a parent or guardian.
- A copy of this policy is prominently displayed in the facility.

I would suggest that our members are doing the right thing. They have listened to you and are self-regulating. They are taking steps to limit tanning by minors. They are meeting the other

¹ I would note that the underlying bill also contains a similar exception for medical treatment. At your hearing on a similar bill last year, Dr. Philip Kerr, a Dermatologist and president of the Connecticut Dermatology Society, specifically told you that he has referred patients to tanning salons for treatment of psoriasis. This is important as it shows a justification for the exception contained in our protocol as well as SB 872. Dr. Kerr's comments are the following. "And in fact, I have prescribed for my own patients, on occasion, who was not nearby our units to be able to use them, to prescribe them that they actually go to a tanning salon again with information on how to properly use them. So they are used for inflammatory skin conditions in a medical setting." Public Health Committee transcript, hearing on Senate Bill 54, March 7, 2012.

side on this question half way. They are offering you a very valid and legitimate compromise and middle ground on this issue and we'd ask you to recognize that fact.

We would like to have one full year in which to implement our minors' protocol without any legislation from the state. We will report back to you on January 2, 2014, as to the implementation of this initiative in all facilities in Connecticut. If you would so desire, you could still move forward with legislation in the 2014 session that convenes one month later.

As an alternative, if you want to move legislation on this issue this session, we would request that you take our minors' protocol and substitute it into Senate Bill 872. We believe our approach to limiting and regulating teen tanning will be more effective than the total ban contained in that bill.

We believe the tanning process our members utilize means our customers are not over-exposed or burned. Our member salons work with customers day-in and day-out to ensure that their tanning services are done responsibly and in moderation. The "Smart Tan Educational Program" is an industry model for providing detailed information to our customers. Joe Levy from the American Suntanning Association is a nationally recognized expert on this issue and will testify to you today.

We worked closely with your committee in the 2006 session to develop legislation that implemented a parental consent law for individuals under 16 years of age who wish to sun tan. This legislation (PA 06-195) was enacted and our member salons have implemented it effectively. We mention this simply to reiterate that we have a track record of working with you, not against you, on key public health issues relating to indoor tanning. We stand ready to do so again this session with regard to SB 872.

We believe indoor sun tanning can be done responsibly and that it is inappropriate for all minors to be prohibited from doing so. This decision, for older teens, should be made by the parent and guardian in discussions with the minor. There is also a very simple solution that doesn't require the state to get involved. The parent can say NO at anytime.

The best legislation that stands the test of time is that which is the result of a compromise. That is precisely what we are proposing to you today. Thank you.

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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2013**

**VOL. 56
PART 8
2153 - 2500**

On page 13, Calendar 393, substitute for Senate Bill number 872, AN ACT CONCERNING THE USE OF INDOOR TANNING DEVICES BY PERSONS UNDER 18 YEARS OF AGE, favorable report of the Committee on Public Health. There are amendments.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President. Good morning, Mr. President.

THE CHAIR:

Good morning.

SENATOR GERRATANA:

Mr. President, I move acceptance of the joint committee's favorable report and passage of the bill.

THE CHAIR:

Thank you. You may proceed.

SENATOR GERRATANA:

Thank you, Mr. President. Mr. President, before us we have a bill that started way back in January when a young dermatology student -- medical student at UCONN Health Center right here in our State came to our committee and she said that for many years as a student that she had been looking into especially the effects of indoor tanning and -- on children.

And we sat down with Dr. Avery LaChance and had a nice discussion with her and she said we -- that she would like the Public Health Committee to please raise the bill. She also volunteered her time and went and talked to all of the Public Health Committee members as well as others here in the General Assembly in both houses.

I think she did an excellent job in educating us all about the risks of indoor tanning. Subsequently of course we raised a bill in the Public Health Committee.

We went through the process and had a hearing and the testimony was quite overwhelming and certainly it confirmed our fears. Right here in the State of Connecticut Yale University had done a study in October of 2012. That study done by Dr. Leah Ferrucci showed that there was a 69 percent increase in basal cell cancer particularly hitting if you will and affecting very young people. Also the testimony that was given was research that was done around the world including the World Health Organization which calls indoor tanning a carcinogen and equates it with the effects of smoking and also the poison arsenic.

We also know that particularly at very young ages that the incident of even one time -- one time of using indoor tanning facility and indoor tanning equipment can cause 75 percent increase in melanoma and again usually in the under 30 population. So after hearing quite a bit of testimony we did successfully vote out a bill which bans tanning for the young population that we have. But of course we had much discussion here between the two houses and Mr. President, right now if the Clerk would please call an amendment. It is LCO 7084 and I be allowed to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO number 7084, Senate A offered by Senator Gerratana, Welch, et al.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you. I move adoption, Mr. President.

THE CHAIR:

Thank you. You may proceed.

SENATOR GERRATANA:

Thank you. The underlying amendment, 7084 -- 4 excuse me, amends the underlying bill and what we have here is that it would ban tanning for those under 17 in the State of Connecticut an outright ban. It also changes -- it's just really technical but in many ways very substantive showing the work that has gone into this. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator Gerratana. Is there discussion?
Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, speaking in support of the amendment, wanted to commend Senator Gerratana and her committee for all of their hard work and negotiation and discussion on this -- on this issue throughout this whole session and -- and last year as well.

I think this amendment reflects a -- in many ways a consensus compromise that really does meet the public health needs of the -- of the State recognizing that this practice is in fact dangerous with long term consequences and -- and certainly commend the Senator for her leadership and advocacy in -- in bringing us to this point today. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator Looney. Is there further comment or questions? Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President. If there is no objection I ask that this item be moved to the Consent Calendar.

THE CHAIR:

I'm sorry we're on the amendment right now, Senator Gerratana.

SENATOR GERRATANA:

Oh, I'm sorry. Sorry, Senator -- Mr. President.

THE CHAIR:

Is there further comment on the amendment? If not, I'll try your minds. All those in favor signify by saying aye.

SENATORS:

Aye.

THE CHAIR:

Those opposed, nay. The amendment passes. Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President. And again if there's no objection I ask that it move to the Consent Calendar. Thank you.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Perhaps we could have the opportunity to let other members see if they want to speak on the bill before we move it to the Consent Calendar.

THE CHAIR:

Thank you, Senator McKinney. Would anyone else care to speak on the bill? Senator Witkos.

SENATOR WITKOS:

Thank you, Mr. President. I did want to congratulate the members of the -- the Public Health Committee for their -- for their due diligence and also for that student that did that exhaustive research. And you know when we talk about health policies here in the State of Connecticut I think we're moving down the right track.

I liken this to when we -- we adopted the graduated driver's license program and they said well why should the State be the parent if you will of -- of this and what we found by passing the -- those graduated driver's license programs several years ago we've seen a reduction in the deaths of our young citizens. And if we do the same thing here with reducing the cases of melanomas and cancers in our -- in our young citizens that -- which become young adults, we're certainly doing the right thing. And I would applaud the committee and this General Assembly for moving this piece of legislation forward. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator Witkos. Is there further comment or question? Senator McKinney.

SENATOR MCKINNEY:

Thank you, Mr. President. Mr. President, this bill has certainly been controversial over the years that it's been brought up and like so many I think around the circle the issue of skin cancer is a personal one to me. I have a maternal grandmother who just left us recently, a mother and a sister who all have experienced various degrees of skin cancer caused by the sun not by tanning beds. But when you think of how popular it is for very young kids to go into tanning salons without understanding the serious potential health consequences I see the need for some government intervention.

I don't know if outright banning is the right process but I think the amendment makes the bill a lot better by limiting it to people 16 and under. I -- I do have to note the oddity of what we say that certain 16 year olds can and can't do in the world of medicine always

blows me away that there's some things they're allowed to do without any parental consent but there's other things seemingly a lot less significant that we say they can't do.

But we'll talk about that in a future day. And for now I want to at least support all of those who have worked on finding a compromise which appears to maybe have both sides a little bit uncomfortable which ends up that you've probably found the appropriate middle. Thank you.

THE CHAIR:

Thank you, Senator McKinney. Is there further comment or question? Senator Kissel.

SENATOR KISSEL:

Thank you very much and I apologize for speaking after my leader but I just wanted to add my two cents. Certainly there were folks in my district who felt very strongly about this and the parents wanted to have rights over their children. I think the compromise by drawing the line at 16 and still allowing mom and dad to have their say for 17 year olds is a good one.

But as we were listening to the discussion once upon I time I did go out with a very nice young lady named Audrey Aronson and she did pass away of skin cancer in her early 30s so it's -- it's devastating what this can do to people and I appreciate the step forward and the compromise. I thoroughly support the bill. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator Kissel. Is there further comment? Senator Casano.

SENATOR CASANO:

Yes. I wasn't going to talk about this but I've been going over to the UCONN Health Center dermatology department recently and had some items removed and I can tell you that the word got around that a Senator

was there and I was almost harassed by nurses and doctors and so on saying use common sense on that bill. It really needs to be passed. And so I pass on their concerns from their daily experiences and hope that we do it. Thank you.

THE CHAIR:

Thank you, Senator Casano. Further comment or question? Senator Gerratana.

SENATOR GERRATANA:

Mr. President, hopefully three times the charm. If there are no objections I move this item to our Consent Calendar.

THE CHAIR:

Without objection, this matter will be placed on the Consent Calendar.

Mr. Clerk.

THE CLERK:

On page 22, Calendar 520, that is substitute for House Bill number 6437, AN ACT CONCERNING A MATTRESS STEWARDSHIP PROGRAM, favorable report of the Committee on Environment.

THE CHAIR:

Good afternoon, Senator Meyer.

SENATOR MEYER:

Good afternoon, Mr. President. Really nice to see you there. I move acceptance of the committee's joint and favorable report and move passage of this bill.

THE CHAIR:

Thank you, Senator Meyer. You may proceed.

SENATOR MEYER:

THE CHAIR:

The bill passes in concurrence with the House.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, if would mark all items previously marked go should be marked passed retaining their place on the Calendar. And if the Clerk would call the items on the Consent Calendar so that we might proceed to a vote on the Consent Calendar.

THE CHAIR:

Mr. Clerk. Mr. Clerk.

THE CLERK:

On page five, Calendar 229, Senate Bill 1027, Calendar 232, Senate Bill number 984. On Calendar page nine, Calendar 336, House Bill 6529, Calendar 337, House Bill 5310. Also on page nine Calendar 338, House Bill 6313 and Calendar 339, House Bill 6315. On page ten, Calendar 345, House Bill 5970. And on page 13, Calendar 393, Senate Bill number 872. Page 18, Calendar 468, House Bill 5388. Page 27, Calendar 561, House Bill 6641 and Calendar 565, House Bill 6346. And on page 40, Calendar 302, Senate Bill 1016.

THE CHAIR:

Thank you, Mr. Clerk. The machine will be opened, vote on a Consent Calendar.

THE CLERK:

Immediate roll call has been ordered in the Senate. Senators please return to the Chamber. Immediate roll call on today's Consent Calendar in the Senate.

THE CHAIR:

Have all members voted? Have all members voted?
Please check the board and make sure your vote has
accurately recorded. If all members have voted the
machine will be closed and the Clerk will announce the
tally.

THE CLERK:

On today's Consent Calendar.

Total Number Voting	36
Necessary for Adoption	19
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

Consent Calendar 1 passes. Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, before
moving for moving for adjournment for today would like
to announce that we will likely be in -- in session
next week Tuesday, Wednesday and Thursday and also
possibly Friday so members should reserve those four
days next week as -- as possible or probable session
days. At this point, Mr. President, would yield the
floor to members for announcements of committee
meetings or for other points of personal privilege.

THE CHAIR:

Thank you, Senator. Before we do that I would like to
just to take the privilege of -- May is a big birthday
month and we have one of our members who is
celebrating her birthday tomorrow. I would like to
wish Senator Bye a happy birthday tomorrow and I'm
trying to figure out if her birthday wish was granted
as she's not here as she would have liked to have been
here. But happy birthday.

And there is a bipartisan fruit in the caucus room for
Senator Bye because she didn't want a cake so we got
her some fruit that's -- that she requested. So