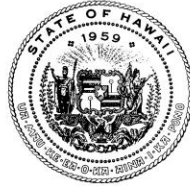


NEIL ABERCROMBIE
GOVERNOR OF HAWAII



LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

HOUSE COMMITTEE ON HEALTH

H.B. 611, RELATING TO TANNING

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health**

**January 30, 2013
8:30 AM**

1 **Department's Position:** The Department supports this measure with reservations, as we appreciate the
2 over-all concept of this bill as it includes initiatives that are generally supportive of the Administration's
3 goals and objectives.

4 **Fiscal Implications:** Implementation of this measure requires funding for personnel (one
5 Environmental Health Specialist) and operating expenses.

6 **Purpose and Justification:** The bill prohibits minors from using tanning equipment in a tanning
7 facility, and provides for additional posting requirements related to prohibition of use by minors and
8 health risks associated with tanning.

9 The Department acknowledges that this measure has merit as there are health risks from an
10 improperly trained staff or from improperly maintained tanning equipment. However, given the lack of
11 adequate staffing and resources, it would not be prudent to pursue enactment at this time. A proposed
12 administrative rule on tanning facilities, which includes the provisions of this bill, has already been
13 developed by the department but not pursued due to the lack of funding to implement.

14 Thank you for the opportunity to testify on this measure.



American Cancer Society
Cancer Action Network
2370 Nuʻuanu Avenue
Honolulu, Hawaiʻi 96817
808.432.9149
www.acscan.org

House Committee on Health
Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice Chair

Hearing: January 30, 2013; 8:30 a.m.

RE: HB 611 – Relating to Tanning

Cory Chun, Government Relations Director – Hawaii Pacific
American Cancer Society Cancer Action Network

Thank you for the opportunity to provide testimony in support of HB 611, which prohibits the use of tanning beds for minors.

The American Cancer Society Cancer Action Network (ACS CAN), the advocacy affiliate of the American Cancer Society, is the nation's leading cancer advocacy organization. ACS CAN works with federal, state, and local government bodies to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

Skin cancer is the most prevalent type of cancer in the United States, and 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. Ultraviolet (UV) radiation exposure from the sun is a known cause of skin cancer and excessive UV exposure, particularly during childhood and adolescence, is an important predictor of future health consequences. The link between UV exposure from indoor tanning devices and melanoma is consistent with what we already know about the association between UV exposure from the sun and skin cancer. This is why the International Agency for Research on Cancer (IARC) in 2009 elevated tanning devices to its highest cancer risk category – “carcinogenic to humans.”

Compounding this risk is the popularity of indoor tanning among young adults – especially girls. There is a general misconception among teens and adults that a so-called “base tan,” obtained by using indoor tanning devices, will have a protective effect from excessive sun exposure. Also, the tanning bed industry is not regulated as well as it should be in terms of exposure times and frequencies, education of employees, and information given to consumers.

- Melanoma is the most deadly of all skin cancers, with more than 9,400 deaths expected to occur in 2013.¹ It is estimated that 76,690 people will be diagnosed with melanoma in 2013 alone.²
- Using a tanning bed increases the risk of two types of skin cancer, squamous and basal cell carcinomas, by 67% and 29% respectively.³ For melanoma, the risk is even higher with a 75% increased risk when used prior to age 35⁴
- Since 1988, teens reporting use of tanning beds has increased from 1 percent to 27 percent.⁵
- Overall, the prevalence of indoor tanning device use was higher among female (20.9%) than male (6.2%) students; higher among white female (29.3%)". This number increased by age with over 30 percent of girls who are high school seniors reporting use.⁶ This number decreases to 9 percent among adult women 18 and older.⁷

To help reduce the incidence of and mortality from skin cancer in the United States, ACS CAN supports state and local initiatives to prohibit the use of indoor tanning devices by those under the age of 18, to reduce the rate of skin cancer and protect young people across the country from the harmful effects of indoor tanning.

Thank you for the opportunity to comment on this important issue.

¹ American Cancer Society. Cancer Facts & Figures 2012. Atlanta: American Cancer Society; 2012. and IARC. "Exposure to Artificial UV Radiation and Skin Cancer: Working Group Reports. 2006, Volume 1." <http://www.iarc.fr/en/publications/pdfs-online/wrk/wrk1/ArtificialUVRad&SkinCancer.pdf>.

² IARC. The association of use of sunbeds with cutaneous malignant melanoma and other skin cancers: A systematic review. *Int J Cancer*. March 1, 2007; 120(5): 116-1122.

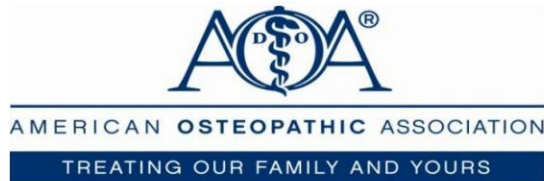
³ Wehner, et al. (2012). "Indoor Tanning and non-melanoma skin cancer: systematic review and meta-analysis." *British Medical Journal*. October 2012

⁴ Dore, J-F and Chignol, M-C. (2012). "Tanning salons and skin cancer." *Photochemical and Photobiological Sciences* 2012; 11:30.

⁵ Robinson JK, Kim J, Rosenbaum S, Ortiz S. Indoor Tanning Knowledge, Attributes and Behavior Among Young Adults from 1988-2007. *Arch Dermatol*. 2008; 144(4): 484-488.

⁶ Centers for Disease Control and Prevention. (2012) "Youth Risk Behavior Surveillance – United States, 2011". *MMWR* 2012;61:4

⁷ Centers for Disease Control and Prevention. (2012) "Use of Indoor Tanning Devices by Adults – United States, 2010". *MMWR* 2012;61(18); 323-326



January 29, 2013

The Honorable Della Au Belatti
Chair, House Health Committee
Hawaii State Capitol, Room 331
Honolulu, HI 96813

Dear Chairwoman Au Belatti:

The American Osteopathic Association (AOA), the American Osteopathic College of Dermatology (AOCD) and the Hawaii Association of Osteopathic Physicians and Surgeons (HAOPS) are writing to strongly encourage you to support HB 611. This bill would prohibit tanning facilities or operators from allowing children under the age of 18 from using tanning equipment. The bill would also require warning signs to be conspicuously posted in tanning facilities to inform consumers of the health risks associated with tanning. The AOA, AOCD and HAOPS support imposing appropriate safety precautions and educational requirements upon tanning device operators.

The AOA proudly represents its professional family of more than 100,000 osteopathic physicians (DOs) and osteopathic medical students; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; is the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities. The AOCD represents over 600 physicians, dermatology residents and student members. It is dedicated to improving the standards of the practice of dermatology, stimulating the study of dermatology and promoting understanding of the nature and scope of services rendered by osteopathic dermatologists. HAOPS is a professional organization that represents the nearly 275 DOs providing patient care in Hawaii.

Tanning equipment works by bombarding the skin with UV radiation. Tanning salons use lamps that emit UV-A and UV-B radiation, both of which damage the skin and can cause skin cancer.¹ In 2009, the International Agency for Research on Cancer (IARC), a working group of the World Health Organization (WHO), classified UV-emitting tanning devices as a carcinogen, an agent known to cause cancer in humans.² Just last year, a study found that indoor tanning can cause the

¹ Food and Drug Administration, Indoor Tanning: The Risks of Ultraviolet Rays, May 11, 2010, available at <http://www.fda.gov/forconsumers/consumerupdates/ucm186687.htm>.

² IARC, Sunbeds and UV Radiation, July 7, 2009, available at http://www.iarc.fr/en/media-centre/iarcnews/2009/sunbeds_uvradiation.php.

most common form of skin cancer, non-melanoma skin cancer, in addition to the deadliest form of skin cancer, malignant melanoma.³

Prohibiting minors from using tanning equipment is an effective means to protect them from the long-term health risks of these devices. Young people are at a heightened risk of developing skin cancer from indoor tanning, as they subject themselves to additional years of artificial UV exposure.⁴ For this reason, the WHO and the American Academy of Dermatology (AAD) recommend banning the use of tanning devices by minors.⁵ States that have restricted access to indoor tanning for minors have seen stable or decreased rates of skin cancer, while states without these policies have seen an increase in the same.⁶

The use of tanning by children is inappropriate and should be banned due to its long-term health effects. In addition, adults who choose to patronize tanning facilities deserve to be made aware of the dangers of exposure to UV radiation. **We urge you to protect Hawaii's citizens from artificial UV exposure by supporting HB 611 in committee.** Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, AOA Director of State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,



Ray E. Stowers, DO, FACOFP *dist.*
President, AOA



David Grice, DO, FAOCD
President, AOCD



Les Barrickman, DO
President, HAOPS

CC: Norman E. Vinn, DO, AOA President-elect
Mark A. Baker, DO, Chair, AOA Department of Governmental Affairs
Joseph A. Giaimo, DO, Chair, AOA Bureau of State Government Affairs
John B. Crosby, JD, AOA Executive Director
Sydney Olson, AOA Associate Executive Director, Advocacy and Government Relations
Linda Mascheri, Director, AOA Department of State, Affiliate and International Affairs
Nicholas A. Schilligo, MS, Director, AOA Division of State Government Affairs
Amy Bolivar, Manager, Executive Projects and Communications
Marsha A. Wise, BS, Executive Director, AOCD
Marcia Batchelder, Executive Director, HAOPS

³ Elizabeth Fernandez, [Tanning Beds Linked to Non-Melanoma Skin Cancer](http://www.ucsf.edu/news/2012/10/12846/tanning-beds-linked-non-melanoma-skin-cancer), Oct. 2, 2012, available at <http://www.ucsf.edu/news/2012/10/12846/tanning-beds-linked-non-melanoma-skin-cancer>.

⁴ See, Jean-Francois Dore and Marie-Christine Chignol, [Tanning Salons and Skin Cancer](#), *Photochem. Photobiol. Sci.* 11, 30-37 (2012).

⁵ Adam Riker, Nicolas Zea, and Tan Trinh, [The Epidemiology, Prevention, and Detection of Melanoma](#), *The Ochsner Journal*, 10:56-65 (2010).

⁶ Dore, et al., *supra*.

Hello, I'm Tracie Cunningham. I am against under-18 tanning bans. Access to a controlled UV environment is a lot smarter for a teenager than unregulated sunshine on the beach. When you are outside, many factors influence the dose of UV light that you are getting, such as the cloud cover, time of day, time of year, latitude, and even clothing choices. A UV tan in a salon offers you the exact same dose, every time, and is totally controlled to avoid sunburn. Professional salon clients are also less likely to sunburn outdoors because of the education about skincare that they receive in professional salons. Salons have worked hard to educate the public over the years about Smart Tanning. Don't ever sunburn. We've seen more educated clients as a result, clients who build a protective tan gradually and don't burn outdoors. Back in the 80's and early 90's, the common belief was that you had to get a sunburn before you could tan. We have steadily changed that belief over the years with a steady drumbeat of client education.

While the dermatology industry lobbies against sunbed usage, it has also lobbied to continue its own usage of phototherapy sunbeds. Sunbeds used in dermatology offices are constructed in the same fashion as indoor tanning sunbeds. The difference is how they are used and how much profit is made. An estimated 1.5 million Americans use tanning salons to informally treat psoriasis in lieu of phototherapy at their dermatologist office because of the price difference. A phototherapy UV session can run as much as 20 times as expensive as a salon tanning session. Because of tanning salon sessions being less pricey and more convenient, the number of phototherapy treatments by dermatologists has plummeted: in 1993 dermatologists administered 873,000 phototherapy sessions, and by 1998 that number had dropped 94%, all the way down to about 53,000 sessions. Today, there is an estimated \$5 Billion lost in phototherapy sessions to the tanning industry. That makes this fight less about science and more about competition. If dermatologists really believed that UV was harmful, why would they still use it in their own offices to treat cosmetic skin conditions?

HB611 Testimony

My name is Heather Almond. I have made a career from the tanning industry and I am the primary source of income for my family of five. The tanning industry is unique in its make-up. Most tanning salons are owned by women, additionally, most of the tanning salon employees are women. Of these young women, some are married with families, others are single moms, and still others are on their way to a bright career, or in college. But, what we all have in common is that we use this job to put food on our table, pay for our housing, and to be productive members of society.

Our employees are held to high standards and we ensure that each and every one of them are following the proper policies and procedures that we have in place to tan people. We do our best to never allow a client to be overexposed to UV light. Whether the client is looking for a great tan, extra vitamin D, or they are tanning for a medical condition, we strive to do it in a non-burning fashion.

One concern I have, is what will happen with the minors who tan for medical purposes? We have several clients who cannot afford treatment in their doctor's office, so they are referred to us for phototherapy treatment. Are these children just out of luck because they don't have health insurance or enough money to make a co-pay?

To me, the scariest part about a Teen Tan Ban is that fact that professional salons will not be there to teach young people about how to achieve the results that they are looking for without burning. I remember being a teenager and desiring a golden glow. I spend hours in the sun whenever possible. I also used a sun lamp at a friend's house when I could. In both scenarios, I was always burning because there wasn't anyone to teach me about exposure times. I didn't even know that you could get tan without burning!

If teenagers want something bad enough, they will find a way to get it. As a country, we have outlawed alcohol for anyone under the age of 21, yet on the American Medical Association's website, they estimate that 11 million American youth under the age of 21 drink alcohol. That is my fear with tanning. Alcohol is hard to get your hands on as a teen, yet 11 million are still able to obtain it. With UV light, it is everywhere! Teens are going to lay out in the sun for hours without proper protection or they are going to use their neighbor's tanning bed for an unlimited amount of time. We will start to see teens with severe burns because no one is there to regulate and teach them proper exposure times.

I'm coming to you as a tanning manager, but I'm also speaking as a mother of three children. If my child wants a tan or needs vitamin D, I would rather have them in a tanning bed for a controlled amount of time, as opposed to them laying out in the sun for hours. Thank you.