

**REPORT OF THE
JOINT COMMISSION ON HEALTH CARE**

Age Restrictions for Tanning Bed Use

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



REPORT DOCUMENT NO. 183

**COMMONWEALTH OF VIRGINIA
RICHMOND
2014**

Code of Virginia § 30-168.

The Joint Commission on Health Care (the Commission) is established in the legislative branch of state government. The purpose of the Commission is to study, report and make recommendations on all areas of health care provision, regulation, insurance, liability, licensing, and delivery of services. In so doing, the Commission shall endeavor to ensure that the Commonwealth as provider, financier, and regulator adopts the most cost-effective and efficacious means of delivery of health care services so that the greatest number of Virginians receive quality health care. Further, the Commission shall encourage the development of uniform policies and services to ensure the availability of quality, affordable and accessible health services and provide a forum for continuing the review and study of programs and services.

The Commission may make recommendations and coordinate the proposals and recommendations of all commissions and agencies as to legislation affecting the provision and delivery of health care.

For the purposes of this chapter, "health care" shall include behavioral health care.

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Preface

The Joint Commission on Health Care (JCHC) was asked to study age restrictions on tanning bed use after Senate Bill 1274 (2013) was passed by indefinitely in the House Committee on Commerce and Labor.

An increasing number of cases of skin cancer, including the most serious and deadly form – melanoma, has resulted in greater interest in and concern about the safety of tanning and the use of tanning beds and other artificial tanning devices, in particular. Cumulative exposure to ultraviolet (UV) radiation has been found to increase significantly the likelihood of skin cancer, including melanoma. It is estimated that nearly 65 percent of melanoma and 90 percent of non-melanoma skin cancers are caused by exposure to UV radiation. Given that indoor tanning enables one to tan year round and receive larger amounts of accumulated UV radiation exposure, use of tanning beds/booths has been associated with an increased risk of skin cancer, especially among individuals who use tanning devices frequently and/or begin indoor tanning when young.

Based on the study findings, three policy options were presented for consideration by JCHC members, who voted to introduce legislation to prohibit persons under the age of 15 years from using tanning devices at tanning facilities; and to require a parent or legal guardian, of unemancipated persons 15 to 17 years of age, to provide written consent prior to allowing the minor to use a tanning device at a tanning facility.

Joint Commission members and staff would like to acknowledge and thank those who assisted in this study including Wesley Duncan, University of Texas MD Anderson Cancer Center; David Fisher, M.D., Ph.D., Harvard Medical School; Alan Geller, Ph.D., Harvard University, School of Public Health; Jeffrey Gershenwald, M.D., University of Texas MD Anderson Cancer Center; DeAnn Lazovich, Ph.D., University of Minnesota; Craig Slingluff, M.D., University of Virginia, Division of Surgical Oncology; and representatives from AIM at Melanoma, the Virginia Chapter of the American Academy of Dermatology Association, the Virginia Chapter of the American Academy of Pediatrics, the American Cancer Society Action Network, American Suntanning Association, the Medical Society of Virginia, the Virginia Cancer Network, and the Virginia Department of Health.

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OCTOBER 22, 2013 PRESENTATION TO HEALTHY
LIVING/HEALTH SERVICES SUBCOMMITTEE

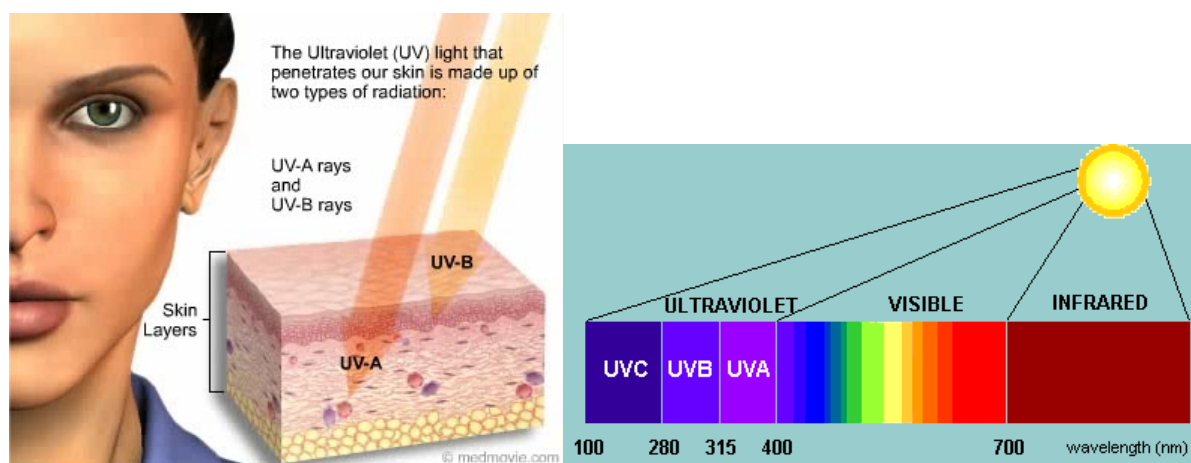
SENATE BILL 1274 (2013)

Age Restrictions for Tanning Bed Use

During the 2013 General Assembly Session, Senator George L. Barker introduced Senate Bill 1274 to restrict tanning bed use to persons over the age of 14, with parental/guardian consent required for persons 15 to 17 years of age. SB 1274 was passed by the Senate but was not reported out of the House Committee on Commerce and Labor. Senator Barker subsequently requested a study on age restrictions on tanning bed use by the Joint Commission on Health Care (JCHC).

Background

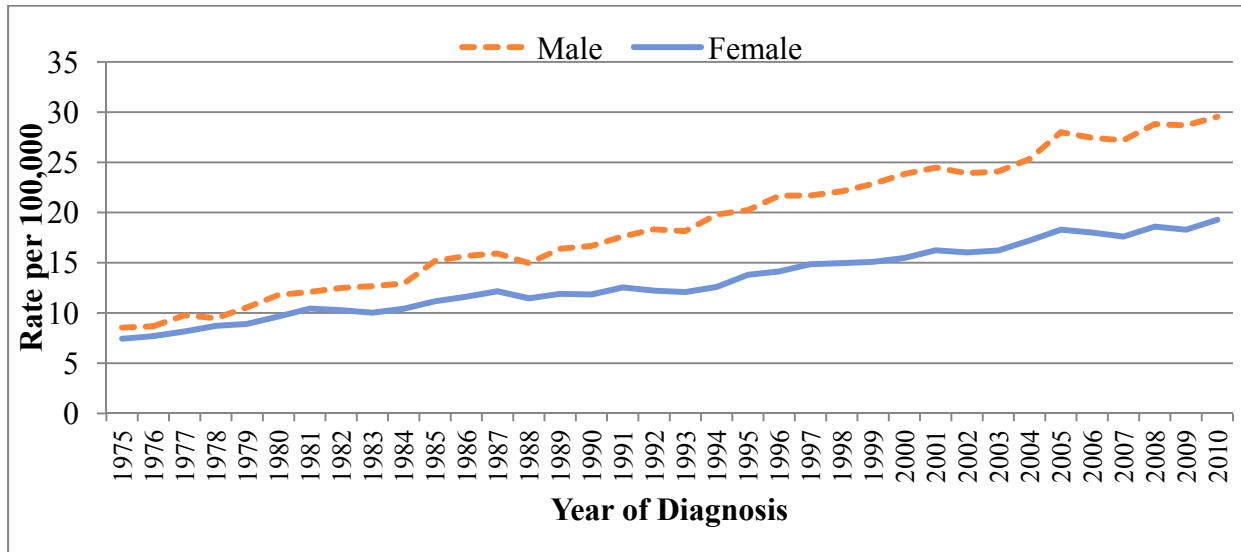
An increasing number of cases of skin cancer, including the most serious and deadly form – melanoma, has resulted in greater interest in and concern about the safety of tanning and the use of tanning beds and other artificial tanning devices, in particular.



Incidence of Skin Cancer. Skin cancer is the most common form of cancer in the United States with an estimated 3.5 million new cases and 2.2 million people diagnosed each year.¹ In 2011, the number of people estimated to be living with melanoma, the most serious form of skin cancer, was over 960,000; and one out of eight of these individuals will die from this type of cancer.² Melanoma is more common in the non-Hispanic white population than in other races and ethnicities, with 9 out of 10 diagnosed cases being non-Hispanic whites.³ It is the most common cancer among young adults (20-30 years of age) and is the leading cause of cancer death for women 25-30 years old.⁴ For 2014, it is estimated that there will be 76,100 new cases and 9,710 deaths from melanoma in the U.S. and over \$2.5 billion spent on treatment.⁵

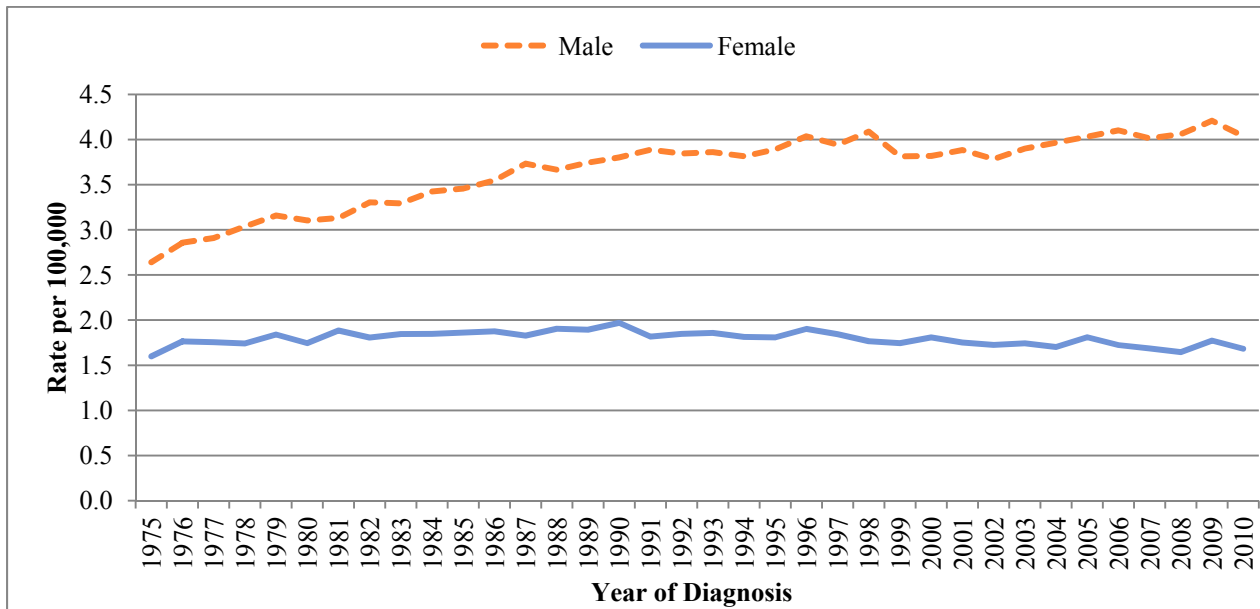
Incidence rates for melanoma in the U.S. have been rising in all age groups since first recorded in 1973,⁶ while death rates have remained relatively stable (see Figures 1 and 2).

FIGURE 1
Annual age-adjusted melanoma incidence rates, 1975-2010



SOURCE: Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Incidence - SEER 9 Regs Research Data, Nov 2012 Sub (1973-2010) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2011 Counties, National Cancer Institute, DCCPS, Surveillance Research Program, Surveillance Systems Branch, released April 2013, based on the November 2012 submission.

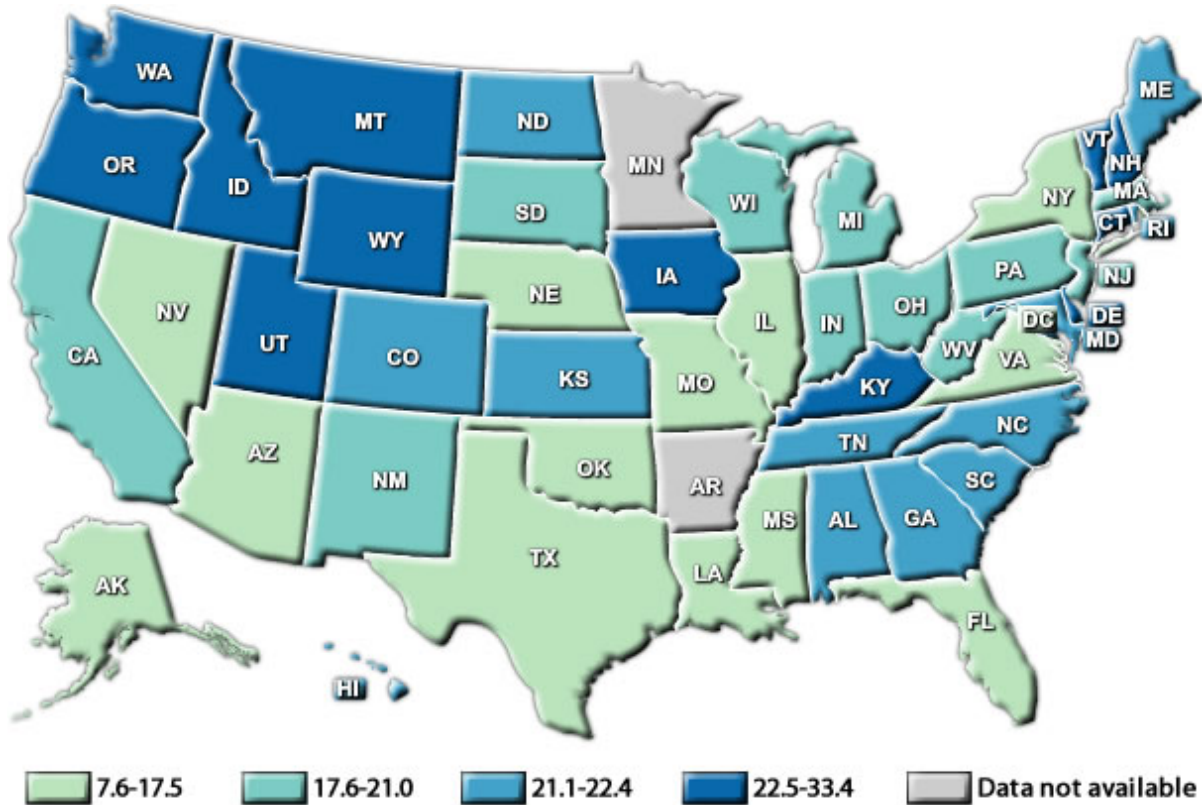
FIGURE 2
Annual age-adjusted melanoma mortality rates, 1975-2010



SOURCE: Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Mortality - All COD, Aggregated With State, Total U.S. (1969-2010) <Katrina/Rita Population Adjustment>, National Cancer Institute, DCCPS, Surveillance Research Program, Surveillance Systems Branch, released April 2013. Underlying mortality data provided by NCHS (www.cdc.gov/nchs).

There is significant variation between states in the number of melanoma cases and deaths (see Figures 3 and 4); however, much of the variation is due to racial and ethnic population differences.⁷

FIGURE 3
Melanoma of the Skin Incidence Rates* by State, 2010†



Color on Map	Interval	States
Light green	7.6 to 17.5	Alaska, Arizona, District of Columbia, Florida, Illinois, Louisiana, Mississippi, Missouri, Nebraska, Nevada, New York, Oklahoma, Texas, and Virginia
Medium green	17.6 to 21.0	California, Indiana, Massachusetts, Michigan, New Jersey, New Mexico, Ohio, Pennsylvania, South Dakota, West Virginia, and Wisconsin
Medium blue	21.1 to 22.4	Alabama, Colorado, Georgia, Hawaii, Kansas, Maine, Maryland, North Carolina, North Dakota, Rhode Island, South Carolina, and Tennessee
Dark blue	22.5 to 33.4	Connecticut, Delaware, Idaho, Iowa, Kentucky, Montana, New Hampshire, Oregon, Utah, Vermont, Washington, and Wyoming
Light Gray	Data not available‡	Arkansas and Minnesota

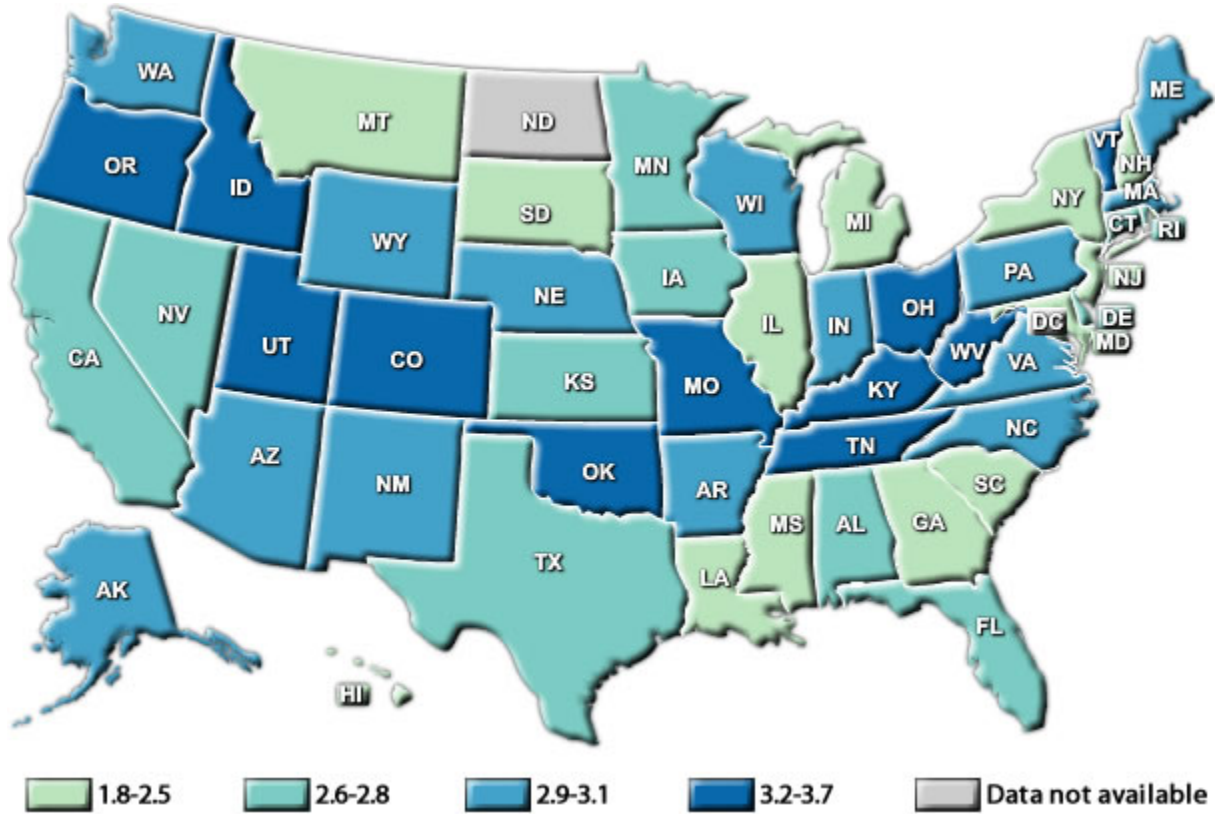
Note that delays in reporting melanoma cases to cancer registries are more common since they are usually diagnosed and treated in non-hospital settings such as physician offices.

*Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population.

‡Rates are not shown if the state did not meet USCS publication criteria or if the state did not submit data to CDC.

†Source: U.S. Cancer Statistics Working Group. United States Cancer Statistics: 1999–2010 Incidence and Mortality Web-based Report. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2013. Available at: www.cdc.gov/uscs.

FIGURE 4
Melanoma of the Skin Death Rates* by State, 2010†



Color on Map	Interval	States
Light green	1.8 to 2.5	Georgia, Hawaii, Illinois, Louisiana, Maryland, Michigan, Mississippi, Montana, New Hampshire, New Jersey, New York, South Carolina, and South Dakota
Medium green	2.6 to 2.8	Alabama, California, Connecticut, Delaware, Florida, Iowa, Kansas, Minnesota, Nebraska, Nevada, Rhode Island, and Texas
Medium blue	2.9 to 3.1	Alaska, Arizona, Arkansas, Indiana, Maine, Massachusetts, New Mexico, North Carolina, Pennsylvania, Virginia, Washington, Wisconsin, and Wyoming
Dark blue	3.2 to 3.7	Colorado, Idaho, Kentucky, Missouri, Ohio, Oklahoma, Oregon, Tennessee, Utah, Vermont, and West Virginia
Light Gray	Data not available‡	District of Columbia and North Dakota

*Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population.

‡Rates are suppressed if fewer than 16 deaths were reported by a state.

†Source: U.S. Cancer Statistics Working Group. United States Cancer Statistics: 1999–2010 Incidence and Mortality Web-based Report. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2013. Available at: www.cdc.gov/uscs.

Among the white population in the U.S., the number of new melanoma cases per year is 32.3 per 100,000 persons for males and 20 per 100,000 persons for females.⁸ While melanoma is more common among men than women, this is primarily due to the higher rates among men 50 years of age or older.* For the population under the age of 50, women are 30 percent more likely to be diagnosed with melanoma than men;⁹ and the rate of cases per year has been increasing faster for young women over the past 30 years. Using data from the Surveillance, Epidemiology, and End Results (SEER) program, researchers from the National Cancer Institute found that the annual incidence of melanoma in the U.S. for young women (15-39 years of age) increased from 5.5 per 100,000 in 1973 to 13.9 per 100,000 in 2004, compared to an increase from 4.7 to 7.7 cases per 100,000 for men during the same time period.¹⁰ Furthermore, they found that the annual incidence of invasive cutaneous melanoma increased among white women aged 15 to 39 by 50 percent between 1980 and 2004.¹¹

In the past decade, the growing number of melanoma cases, paired with greater awareness of the dangers of ultraviolet (UV) radiation exposure, has resulted in increased concern about the use of tanning beds and other artificial tanning devices, especially by minors.

The Indoor Tanning Industry

Artificial tanning in salons began in the 1970s and grew rapidly. According to the Indoor Tanning Association, the industry is comprised of 19,000 businesses employing 160,000 individuals nationwide with total annual sales in the U.S. of more than \$5 billion. The average American city has 41 tanning salons, and there are a large number in Virginia. For example, there are 40 salons in Chesapeake, 26 salons in Norfolk, 26 salons in Richmond, and 50 salons in Virginia Beach. More than one million people in the U.S. tan in a salon each day, and 30 million individuals visit a tanning salon each year.¹² The use of tanning beds/booths is increasing at three to five percent per year in the U.S., and approximately three to 10 percent of salon revenue is from clients under the age of 18.¹³ According to the 2011 Youth Risk Behavior Survey, 29.3 percent of non-Hispanic white female high school students engaged in indoor tanning and 16.7 percent did so frequently (greater than ten times in the previous 12 months).¹⁴ The researchers also found that the prevalence and frequency of indoor tanning increased with age among the high school students (see Figure 5).

Suggested Benefits of Tanning Devices. Tanning bed supporters suggest that there are benefits to using these devices, primarily in the treatment of seasonal affective disorder (SAD) and certain skin conditions like psoriasis, as a source of vitamin D, and providing a protective base tan before a vacation or the summer season. While UV radiation is known to lessen the symptoms of psoriasis, it is best for the treatment to occur in a medical office where duration of exposure can be closely monitored and the wavelength intensity of the device is known. Visible light also has been found to have an effect on SAD; however, there is no definitive evidence that UV radiation is effective in the treatment of this disorder.¹⁵ In regard to vitamin D production, it is much safer to obtain this nutrient through foods and dietary supplements, and indoor tanning is not necessary.¹⁶ In addition, vitamin D is produced primarily through UVB radiation; therefore, tanning beds that emit mostly UVA radiation have been found to be ineffective in raising vitamin D levels.¹⁷ A randomized controlled trial found that even when a tanning bed with a sufficient amount of UVB radiation is used, the amount of vitamin D produced plateaued after only four

*Men 50 years of age or older are twice as likely than women to develop melanoma and three times more likely if they are over the age of 65 (<http://www.cancer.gov/researchandfunding/snapshots/melanoma>).

FIGURE 5
Prevalence of Indoor Tanning Among Non-Hispanic White Female High-School Students (2011) and Women ages 18-34 years (2010)

Age	IT ≥1 Time in Previous 12 Months	IT ≥10 Times in Previous 12 Months	Frequency Among Those Engaging in IT*
≤14	14.2%	6.2%	43.5%
15	17.8%	9.0%	50.6%
16	31.1%	15.7%	50.6%
17	39.3%	24.2%	61.6%
≥18	43.8%	29.9%	68.2
Total	29.3%	16.7%	57.0%
18-21	31.8%	21.3%	67.6%
22-25	29.6%	16.5%	56.3%
26-29	22.1%	13.1%	59.2%
30-34	17.4%	10.5%	60.6%
Total	24.9%	15.1%	61.0%

IT=Indoor Tanning. *Percent of respondents who tan indoors that did so at least 10 times in the previous 12 months
 Source: Guy GP et al. 2013. Indoor Tanning Among Young Non-Hispanic White Females. *JAMA Internal Medicine*. August 19:E1-E2

six-minute sessions. Finally, a base tan provides only minimal protection against burning (SPF 2-4) and does not provide any protection against skin cancer.¹⁸ In fact, it increases the risk of cancer since the individual has increased his/her overall amount of UV radiation exposure.

Risks Posed by Tanning Device Use

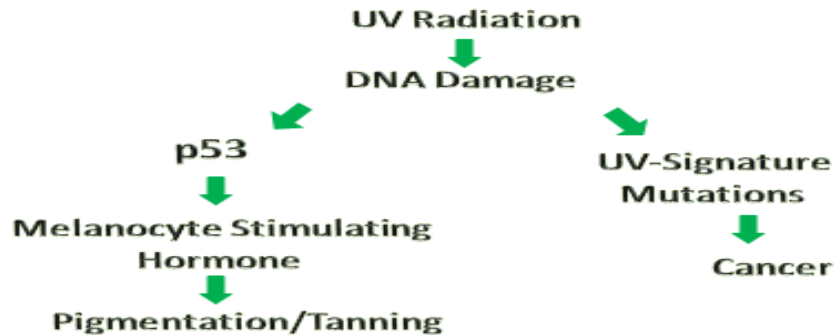
Based on a large and growing body of epidemiologic and laboratory research[†] accumulated over decades, researchers have found that there is no such thing as a safe tan. Cumulative repeated UV exposure, regardless of whether skin burning occurs, increases the risk of skin cancer.¹⁹ In fact, it is the process of UV radiation causing DNA damage in skin cells that elicits the tanning response, which is the same process that also elevates carcinogenic risk (See Figure 6).²⁰ It is estimated that 65 percent of melanoma and 90 percent of non-melanoma skin cancers are caused by exposure to UV radiation.²¹ Burning, via the sun or tanning device, only further increases the risk of skin cancer.[‡]

[†] Extensive research, including animal experiments on DNA mutations and repair, immune system functioning, cell integrity, cell cycle regulation, and other important biological functions, has elucidated the role that both UVA and UVB radiation plays in the carcinogenesis process. Originally it was thought that only UVB radiation could cause skin cancer, but it is now understood that any wavelength of UV that produces a tanning response can result in carcinogenic DNA mutations (See Balk SJ et al., 2013 and Schulman JM and DE Fisher, 2010 in Additional References). In addition, human experiments have shown that both UVA and UVB exposure can weaken the immune system increasing an individual's susceptibility to cancer (See International Agency for Research on Cancer's working group report #1 (2006), "Exposure to Artificial UV Radiation and Skin Cancer").

[‡] A meta-analysis of 57 studies and another analysis of 15 studies found strong associations between skin burns (i.e. a sunburn via the sun or artificial UV light) and melanoma (See Gandini S et al., 2005 and Chang YM et al., 2009 in Additional References).

FIGURE 6

Schematic of Molecular Steps in the Tanning and UV-Carcinogenesis Pathways



Source: Schulman JM and DE Fisher. 2010. Indoor UV tanning and skin cancer: health risks and opportunities. *Curr Opin Oncol.* 21(2):144-149

While all UV radiation increases the risk of skin cancer, tanning devices can be more dangerous than the sun because they can be used year round, adding to a person's cumulative exposure. Frequent indoor tanners may receive 1.2 to 4.7 times the yearly dose of UVA radiation received from sunlight, in addition to doses from sun exposure.²² In 2012, a meta-analysis²³ of 27 observational studies showed the risk of cancer increased 20 percent for persons who have ever used a tanning device. The risk increases 36 to 85 percent if indoor tanning started prior to age 35. Importantly, researchers have found that the risk of melanoma increases by 1.8 percent for each additional tanning bed/booth session. This means that a young woman who uses a tanning bed 50 times (i.e. 4 sessions per month for one year or 1.4 sessions per month for three years) increases her risk of melanoma by 90 percent. In addition to increasing an individual's cumulative amount of UV exposure, tanning devices also can cause harm by emitting excessive amounts of UVA radiation.[§] Researchers have found that the body is less effective in repairing and removing DNA that has been damaged by UVA, rather than UVB, radiation.²⁴

Tanning devices also cause premature aging of the skin due to DNA and skin cell damage, eye injury (including ocular melanoma) if protective eyewear is not worn, and skin burns. A 2009 study of tanning device use among adolescents in the U.S. found that 58 percent experienced at least one skin burn within the previous year.²⁵ Also, approximately 1,800 hospital emergency department cases per year are a result of tanning device usage; the actual number of injuries likely is higher because the estimate does not include cases treated in outpatient clinics, physician's offices, or at home.²⁶ In 2009, based on research linking the use of tanning devices to skin cancer, the International Agency for Research on Cancer, (IARC) classified UV radiation from tanning devices as a class I carcinogen; placing it in the same category as cigarettes, asbestos, and formaldehyde; and recommended that minors not use tanning beds/booths.²⁷ (The IARC is part of the World Health Organization.) Since the time of the IARC decision, additional research has resulted in stronger evidence of the relationship between tanning device use and all forms of skin cancer.²⁸ This research was available to the U.S. Food and Drug Administration (FDA) in its recent consideration of reclassifying tanning devices.

[§] Multiple studies show that tanning units can emit UVA doses that are 5 to 15 times greater than that of the midday Mediterranean sun. (See: Dore JF and Chignol MC, 2012 in citation 18; citation 23; and www.who.int/topics/ultraviolet_radiation/en/)

Regulation of Tanning Bed Use

A large number of organizations and associations support an under age 18 ban on tanning bed use in salons including the U.S. Food and Drug Administration, the American Academy of Pediatrics and its Virginia Chapter, the American Academy of Dermatology and its Virginia Chapter, the American Medical Association and the Medical Society of Virginia, the Society of Surgical Oncology, the U.S. National Toxicology Program, the World Health Organization, the International Commission of Non-ionizing Radiation Protection, the National Radiological Protection Board in the United Kingdom, and Australia’s National Health and Medical Research Council. In addition, the following countries or provinces also require persons to be 18 or older to use tanning devices in salons: Australia (New South Wales and South Australia), Austria, Belgium, Brazil (bans all ages), seven Canadian provinces (British Columbia, Labrador, Newfoundland, Nova Scotia, Ontario, Prince Edward Island, and Quebec), Finland, France, Germany, Iceland, Lithuania, Netherlands, Norway, Portugal, Spain, and all countries of the United Kingdom.

Federal Tanning Bed Regulations. The federal government, through the FDA, regulates the manufacturers of tanning devices while placing no restrictions on tanning bed users. The FDA defines a sunlamp product (also referred to as an artificial tanning device) as “an electronic product that includes one or more UV lamps and a fixture intended for irradiation of any part of the living human body, by UV radiation with wavelengths in air between 200 and 400 nanometers, to induce skin tanning.”²⁹ The manufacturers of tanning devices are required to adhere to FDA requirements for sunlamp specifications, posting of warning labels, and provision of eye protection. Specifically, manufacturers must provide an exposure schedule in the product warning label and the FDA recommends that the exposure schedule for users be based on the user’s skin type.³⁰ The FDA limits the amount of UVC emitted, but does not regulate the amount of UVA and UVB radiation. As a result, the proportion of UVA/UVB radiation varies for each tanning device, making it difficult for consumers to predict the outcome of a particular tanning session.

Regulation of Tanning Facilities and Devices in Virginia. Virginia's tanning law (*Code* § 59.1-310.1 through 59.1-310.6) requires that a tanning device utilized by a tanning facility in Virginia must comply with all applicable federal laws and regulations. Tanning facilities are required to give customers written warning of the dangers of artificial tanning devices (i.e. regarding eye damage, burns, premature aging and skin cancer, pregnancy, and possible medication interactions), and must post similar warning signs in a conspicuous location in the lobby and near the tanning device.^{**} Tanning bed operators are not licensed in Virginia, and while operators “shall be sufficiently knowledgeable in the correct operation of the tanning devices,”³¹ they are not required to have formal training on tanning device operation.^{††} Further, the State does not have a “specific program for either the regulation of tanning facilities or enforcement of the tanning law. The local Commonwealth’s Attorney is responsible for enforcement of any alleged violations of this law that may occur in his respective jurisdiction.”³²

The *Code of Virginia* does not place age restrictions on tanning bed use, but requires a salon to obtain, every 6 months, written consent from a parent or legal guardian for children under the

^{**} A complete listing of Virginia’s tanning law is available at <http://www.vdh.virginia.gov/epidemiology/radiologicalhealth/tanning/law.htm>

^{††} According to the American Suntanning Association, 75% of salon owners in Virginia have completed training voluntarily.

age of 15 who are not emancipated. During the 2013 General Assembly Session, Senator Barker introduced Senate Bill 1274 to restrict tanning bed use to persons 15 years of age or older and to require a parent or legal guardian of persons 15-17 years of age to provide written consent prior to allowing the minor to use a tanning device. SB 1274 was passed by the Senate but was not reported out of the House Commerce and Labor Committee.

Regulatory Actions of Other States. As of March 2014, 42 states had considered or enacted legislation regarding minors' access to UV tanning devices (beds or booths) at salons, and seven states had prohibited the use of tanning devices by persons under the age of 18 (Figure 7). As shown in Figure 7, 31 states and the District of Columbia enacted legislation to regulate the use of tanning devices by minors. In the last four years, legislation to restrict use of tanning beds/booths in salons to persons 18 years of age or older has been introduced in 30 states with seven states--California, Illinois, Nevada, Oregon, Texas, Vermont and Washington – enacting the legislation. An additional seven states have instituted use restrictions for minors ranging from under 14 to 17 years of age; and nine states require the parent/guardian to accompany the child for each tanning session. In 10 states the parent/guardian must provide written consent before the minor can begin tanning at the salon; and in some of these states, like Virginia, written consent must be obtained periodically (i.e. every six months) and/or provided in person.

FIGURE 7
Indoor Tanning Restrictions for Minors in the U.S., March 2014

Legislation Introduced (2010-2014)	States
Under 18 Ban	Alabama, Arizona, Delaware, Florida, Hawaii, Indiana, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Washington, West Virginia
Established Law	States
Under 18 Ban	California, Illinois, Nevada, Oregon, Texas, Vermont, Washington
Under 17 Ban	Connecticut, New Jersey, New York
Under 16 Ban	Wisconsin
Under 15 ban	Alabama
Under 14 Ban	Delaware, D.C., Georgia, Maine, New Hampshire, North Carolina, North Dakota, West Virginia
Parental Accompaniment Required	Florida (13), Indiana (15), Kentucky (13), Louisiana (13), Massachusetts (13), Mississippi (13), Nebraska (15), Utah (17), Wyoming (14)
Parental Consent Required	Arizona (17)(IP), Arkansas (17)(IP), Maryland (17)(IP), Michigan (17)(IP), Minnesota (15)(IP), Ohio (17)(IP), Rhode Island (17)(IP), South Carolina (17)(IP), Tennessee (13), Virginia (14)

Note: The numbers in parentheses indicate the oldest age to which the requirement applies.

(IP): Consent required to be given in person.

Tanning Devices Reclassified by the FDA

In May 2014, the U.S. Food and Drug Administration issued a final order reclassifying tanning devices from class I (low risk) to class II (moderate risk) devices. The order enacts changes recommended by a panel of outside experts who reviewed the evidence of a causal association between UV radiation and skin cancer, including evidence specifically linking tanning devices and skin cancer. Based on the reviewed evidence, that panel unanimously agreed that sunlamps should not be classified as low risk; in fact some panel members wanted to reclassify tanning devices as class III (high-risk) and/or restrict usage to persons 18 years of age or older. Public comments were accepted and the majority (133 of the 139 submitted) were in support of strengthening FDA regulations.

In reclassifying tanning devices, the FDA order also requires that manufacturers:

- Submit pre-market notification and receive FDA authorization
- Show that products meet appropriate output performance specifications
- Demonstrate that safety features function properly and other design requirements have been met and
- Include warnings and contraindications for use, specifically “a visible black-box warning on the device that explicitly states that the sunlamp product should not be used on persons under the age of 18 years.”

In addition to the aforementioned black-box warning, “certain marketing materials promoting sunlamp products and UV lamps must carry additional warnings and contraindications including ‘Persons repeatedly exposed to UV radiation should be regularly evaluated for skin cancer.’”

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm399222.htm>

Policy Options and Public Comment

Policy Options		Support
1	Take no action	0
2	Introduce legislation prohibiting persons under the age of 15 years from using tanning devices at tanning facilities; and requiring a parent or legal guardian of unemancipated persons 15-17 years of age to provide written consent prior to allowing the minor to use a tanning device at a tanning facility.	0
3	Introduce legislation prohibiting unemancipated persons under the age of 18 years from using a tanning device at tanning facility.	118

As noted, all of the public comments that were submitted to JCHC were in support of legislation to prohibit persons under 18 years of age from using a tanning device at tanning facility.

Commenters in Support of Option 3

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Gayle Masri-Fridling
American Academy of Dermatology Association

Kelly Redbord
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Paul Uhle
American Academy of Dermatology Association

Janet Hickman
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Past President, Virginia Dermatologic Society
Immediate Past President, Women’s Dermatologic Society

Judith Williams
American Academy of Dermatology Association

Ann Vaughan, Grassroots Manager
American Cancer Society Cancer Action Network

Allyson Bonzo
Anne Bowman
Michelle Cabaniss RT(R)
Veteran of the Armed Services
Stacie Cocke
Connie Davis
C. Lee Davis
Mary Sue Decker
Olivia Kistler
Melanoma Research Foundation volunteer
David Oliver Martinez
Tabitha Mickey
Chelsea Price
Donna Regen
Alice Scott
Carol Stokes
Caroline Stokes
Hunter Stokes
Thomas Stokes
Rayna Wheeler

AIM at Melanoma Supporters

Britney Adams	Helen Garinian	Tiffany Moore
Daniel Adler	Michelle Goodman	Nikk Murawski
Hannah Bademian	Christina Goss	Elizabeth Napoleone
Mindy Ball	Debbie Grell	Amanda Nichols
Christine Barakat	Candith-Araceli Guzman	Jami Nosar
Jessica Barbour	Jennifer Hall	Anthony Plunkett
Sylvia Bell	Joy Heath	Janice Price
Ashley Blair	Brittany Hines	Sandy Price
Deana Brock	Liz Hish	Jennifer Rampersaud
Alexandra Brownfeld	Wendy Holston	Nancy-Jo Revell
Kelly Bryant	Karen Horsman	Elizabeth Rinaldi
Robin Burden	Allison Jensen	Kim Ritter
Rachel Butler	Kaitlin Jensen	Rachel Rivera
Brian Cabaniss	Heather Johnson	Morgan Ross
Melissa Caparella	Katie Kellam	Jennifer Ryan
Chelsea Claytor	Sherry Kitts	Charlotte Saunders
Taylor Collins	Liz Knapp	Jennifer Schottler
Katherine Cowan	Cynthia Laughlin	Kent Shiner
Suzanne Cranford	Wendi Lawlor	Brenda Skiles
Bryan Dawson	Mary Rose Lazenby	Hilary Sneade
Amanda Deibel	Beth Lee	Kristin Speidel
Shea Dezan	Amanda Lickey	Anne Stokes
Jenny Dixon	Sandy Linkous	Sharol Stoneburner
Ashley Donovan	Bo Lymburner	Amy Thomas
Roy Edge	Christopher Mason	Andrea Walters
Regina Edmondson	Leslie Mason	Mio Ward
Deedra Ervin	Melanie Mayo	Ed Wessells
Barbara Evans	Dana McDaniel	Carol Whitehead
Amber Foster	Jimmy McGhee	Emily Witt
Adrienne Fowler	Brooke McIntosh	Jennifer Young
Lindsay Fuller	Dawn McIntosh	

Public Comment Excerpts:

Kelly Redbord: On behalf of the American Academy of Dermatology Association, I am writing to urge my support of legislation that would prohibit use of ultraviolet (UV) indoor tanning beds by minors under the age of 18. Countless scientific studies have shown clear and compelling evidence that tanning bed use increases the risk of developing all forms of skin cancer. Furthermore, the U.S. Department of Health and Human Services and the World Health Organization have recognized the carcinogenic risks associated with tanning bed use. Recent scientific studies show a disturbing trend -- there is a steady rise in the number of young women diagnosed with melanoma, the deadliest form of skin cancer, 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...I have treated countless skin cancers and melanomas on young patients who developed the cancers from tanning bed use. It is always very sad to diagnosis and treat a life threatening condition on a 20 year old who foolishly tanned as a minor and now will have to deal with skin cancer for life.

Donna Regen: "...My daughter Jaime used tanning beds throughout high school and college until she was diagnosed with melanoma at age 20. She fought this evil disease with strength and courage for her entire adult life, but the melanoma stole her dreams, her future, and her life when she was 29. And her death could have been prevented. No Virginia family (or family anywhere) should have to go through the horrific pain that our family has endured...The current statute does not protect all of Virginia's youth from the dangers of indoor tanning devices. The indoor tanning industry continues to deny known risks of indoor tanning devices. The industry also provides false and misleading statements to teens and their parents about the health benefits of indoor tanning devices. Parental consent is not the answer. If parents were aware of the dangers of tanning bed use, they would never permit their children to use them. A note from a parent does not make a tanning bed any less dangerous!"

Connie Davis: As a mother who has had to watch her beautiful daughter suffer through several major surgeries, countless scans, blood draws, chemo and the fear of dying, I beg you to push this bill through and ban the use of tanning beds for minors. I have spent many restless nights beating myself up over letting her use tanning beds before her prom or vacations. Unfortunately, I accepted the lies that the salons were selling and assumed they were safe. Now my daughter has cancer. Don't let the argument of taking away parental rights sway you. What are you taking away? The right to let their child get Cancer? Believe me, a tan is not worth it. It is both emotionally and financially devastating. Every three months we travel to New York City to meet with Melanoma Specialists where she has scans and treatment. Imagine the fear we feel waiting for the results, not knowing if the cancer has progressed to her major organs or her brain. We have watched other young girls just like her- many that she has befriended-either progress to Stage 4 or have died. I can't help but wonder when is it Chelsea's turn? When will I lose my girl?

Chelsea Price: "I am a 26 year old Virginia resident who currently lives in Roanoke and works at The Department of Veterans Affairs in Salem. I am emailing you to explain exactly why I believe option 3--banning teens under the age of 18 from using indoor tanning beds--is the only option.

I was 14 the first time I used a tanning bed. I had been asked to go to prom by a cute older guy and I wanted to make sure to look my best. Since the law required parental permission--and I didn't have a driver's license yet--my mom took me to our local tanning salon. She read the consent form, we laughed that maybe I wouldn't look like a ghost anymore, and I began my relationship with tanning beds.

From the time I was 14 until I was a senior in college I tanned before all major events like proms, sorority banquets, graduations, and vacations. In the back of my head I knew tanning wasn't the healthiest thing for me, but I believed all of the hype: it was a good dose of vitamin D, it cleared my skin, and the tan made me beautiful.

In 2011, my tan had faded, but the damage had already been done. I was diagnosed with stage III malignant melanoma, the deadliest type of skin cancer. I was 22 years old.

I remember the first time I met my oncologist. He was so shocked to see me, a scared 22 year old, sitting in his office with such advanced melanoma. I wasn't his typical patient. I am a young, dark haired woman with no family history of melanoma. Then he asked me the 1000 dollar question: "Do you use tanning beds?"

Since my original melanoma diagnosis I have had 2 invasive surgeries that removed multiple lymph nodes from 4 areas in my body. Because there are few treatments available for people with stage III malignant melanoma, I am currently involved in a 3 year clinical trial involving a placebo and/or Yervoy. This trial requires me to travel to New York multiple times a year to receive an infusion. Even after the trial ends, my battle still will continue...

...All because of a tan.

Melanoma, once it spreads, is not a curable cancer. That is why you will not hear me refer to myself as a survivor. Every 3 months I return to the cancer center praying that melanoma has not spread to my organs. Every 3 months my family prays that I will be given another 3 months to happily live my life. Every 3 months we wait with fear in our stomachs. I live my life, but I do so knowing that my fight is far from over.

I ask that you consider banning all teens from using indoor tanning salons because I truly believe that is the only option. Had my mom been more educated on the dangers of tanning beds I know she never would have signed the consent form. Please don't risk allowing other teens to continue to tan because you believe their parent should be in charge of making such decisions for them. What if the parent is not educated on the dangers of tanning beds? Is it safe to say that all parents know that tanning beds are classified as class 1 carcinogens, just like tobacco? If the parent isn't educated on the risks, how can they make a responsible decision? Is it responsible of Virginia's legislature to have the research that clearly proves that tanning beds are harmful for our young skin and simply do nothing with it?

Please consider banning all teens under the age of 18 from using indoor tanning beds with hopes that they will never have to live with the regrets that I do.

"It's not just skin cancer."

Mary Sue Decker: "I am a stage 4 metastatic melanoma patient...How many people have said to me, "At least it was only skin cancer"? I have a poor prognosis and probably will not live long enough to help educate my grandchildren about sun safety. I choose option 3 so none of my children or grandchildren have to go through what I have endured."

Stacie Cocke: "I was 32yo when I was diagnosed with melanoma, shortly after I had my second child. I was an avid tanning bed user in my teens and twenties. Specifically before family vacations, school dances, and then eventually as often as I was able to go. Typically I would tan a couple times per week. I had no idea it would almost kill me someday...I knew the risks of sun exposure, but I actually believed the lie that many others believe, that if I keep a base tan I won't be so susceptible to burning and that will minimize my risk of getting skin cancer... I am 100% convinced that my tanning bed exposure is why I developed melanoma. My melanoma was located in area that only the tanning bed was exposed to. I have no family history or genetic predisposition. I have no other risk factors...no blistering sunburns, etc. I beg and plead that you would ban tanning beds for minors. At that age they are not thinking about the fact that their actions might someday lead to them crying in their husband's arms wondering if they will live long enough to see their child's first birthday. Teens and adults need to know how unsafe tanning really is. Thank you for caring enough about them to take the initiative to save lives."

Anne Bowman: "I grew up in Richmond, Virginia and in my teenage years I used tanning beds. I was a minor and did not need a signature from my parents. In 2010, at the age of 32, I was diagnosed with

Malignant Melanoma. I am writing today to let you know that I support Option #3 to introduce legislation to prevent minors from using tanning beds.”

Olivia Kistler: “I am a volunteer with the Melanoma Research Foundation and a stage IIIb melanoma patient. This legislation is very important to me. I want to do everything I can to prevent anyone else from this incurable cancer.”

Allyson Bonzo: “As a 29 year old female recently diagnosed with melanoma, I think option 3, “Introduce legislation prohibiting unemancipated persons under the age of 18 years from using a tanning device at a tanning facility” is the safest most effective decision.”

Tabitha Mickey: “I live in Grayson County, VA, I am 26 years old...and I was diagnosed with Melanoma when I was 22 years old. The Melanoma was found on my upper middle back and a large incision was made to remove it... along with the mole I had three lymphnodes removed from under my left arm and two removed from under my right. I was VERY lucky that the cancer had not spread.... but two years later, I developed Lymphedema in my left arm as a result of the lymphnode removal. Since my original diagnosis I have had about SEVENTEEN separate outpatient surgeries to remove other moles and ALL except for two have been pre-cancerous.... some of my surgeries were done twice because the margins did not come back clear after the initial surgery. I started tanning off and on during my senior year of high school and off and on for a year or so afterwards... I actually worked in a tanning salon for a few months at one point.... I STRONGLY encourage that underage tanning be banned!! Everyone, especially young people, need to be educated on the dangers of tanning. Below you will find a link to my Melanoma pictures... I have made the album public to help spread awareness!
https://www.facebook.com/tabitha.mickey/media_set?set=a.379401391197.166590.649226197&type=3

Debbie Grell: “Parental consent should not be an option because the only parent that would consent to let their child use a tanning bed would be an uninformed parent. There is too much medical evidence that the use of tanning beds leads to cancer.”

Michelle Cabaniss: “My grandparents owned one of the first tanning salons in Salem, Virginia...My grandmother hated it and always begged me not to use it...It is important that option 3 be the only possible choice and there must be consequences for those that do not adhere to the rules once set forth. 6 other states have already taken the steps to protect those who do not have the means to protect themselves, even if they think they don’t need protecting. Their young skin is too precious, their lives are too precious to gamble. Don’t let Virginia fall behind, show that we care.”

Rayna Wheeler: “Tanning beds are classified as a group 1 carcinogen, which puts them in the same category as asbestos, cigarettes, formaldehyde, and X-rays. We don't let minors buy cigarettes, so why should we let them tan? We don't go around letting people handle asbestos and formaldehyde without proper protection, and if you get an X-ray you are required to wear a smock to protect the rest of your body from being exposed. Yet teens are allowed to lay, generally without clothes on, in a tanning bed? ...I fully support Option 3: Introduce legislation prohibiting unemancipated persons under the age of 18 years from using a tanning device at a tanning facility. Option 2, requiring parental consent, is not enough because even great parents can be uninformed and make poor choices. We don't give parents the option to sign a consent form for smoking cigarettes under the age of 18, so why would we do the same for tanning beds?”

Carol Whitehead: “As a Virginian, and AIM at Melanoma supporter, I strongly urge you to protect minors under 18 from the known dangers of indoor tanning devices by introducing legislation that would ban all minors under 18 from these devices... The current statute does not protect all of Virginia's youth from the dangers of indoor tanning devices. The indoor tanning industry continues to deny known risks of

indoor tanning devices. The industry also provides false and misleading statements to teens and their parents about the health benefits of indoor tanning devices...In addition, unlike other Group 1 carcinogens such as alcohol and tobacco, allowing parents to decide whether their children can use a tanning device sends a confusing message about the dangers of artificial UV exposure, which is 10-15 times the concentration of the sun.”

Subsequent Actions by the Joint Commission on Health Care. During the Joint Commission’s 2013 Decision Matrix meeting, JCHC members voted to proceed with policy option 2: Introduce legislation prohibiting persons under the age of 15 years from using tanning devices at tanning facilities; and requiring a parent or legal guardian of unemancipated persons 15-17 years of age to provide written consent prior to allowing the minor to use a tanning device at a tanning facility.

Legislative Action

Senate Bill 479 – Senator George L. Barker

House Bill 681 – Delegate Robert H. Brink

Amend the *Code of Virginia* §§ 59.1-310.3 and 310.5 to prohibit individuals who are 14 years of age or younger from using a tanning device at a tanning facility and to prohibit individuals who are 15 – 17 years of age (and have not been emancipated) from using a tanning device at a tanning facility unless the individual’s parent or legal guardian has given written consent.

Senate Bill 479 was continued to 2015

House Bill 681 was left in House Commerce and Labor.

JCHC Staff for this Report

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Attachments

Age Restrictions for Tanning Bed Use

Joint Commission on Health Care

Healthy Living/Health Services Subcommittee

October 22, 2013

Michele L. Chesser, Ph.D.
Senior Health Policy Analyst

Study Mandate

- Senator George Barker requested that the Commission study whether Virginia should enact age restrictions on tanning bed use
- The study was agreed to by JCHC members at the May 21, 2013 work plan meeting

Background

- The Virginia Code does not place age restrictions on tanning bed use, but does require a salon to obtain, every 6 months, written consent from a parent or legal guardian for persons under the age of 15 and not emancipated
- During the 2013 General Assembly Session, Senator Barker introduced SB 1274 to:
 - Restrict tanning bed use to persons 15 years of age or older
 - Require a parent or legal guardian of unemancipated persons 15-17 years of age to provide written consent prior to allowing the minor to use a tanning device
- SB 1274 passed the Senate (34 to 5), but was passed by indefinitely in House Commerce and Labor Committee

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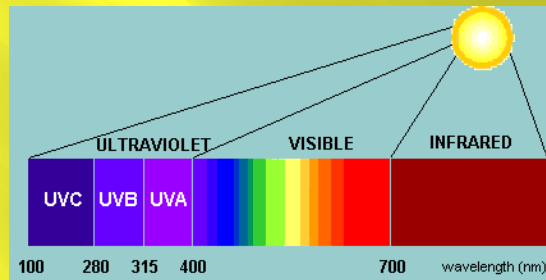
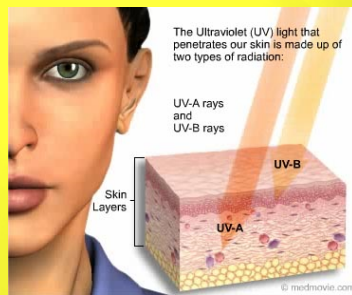
Tanning Devices



4

FDA Tanning Device Definition

- A sunlamp product is “an electronic product that includes one or more UV lamps and a fixture intended for irradiation of any part of the living human body, by UV radiation with wavelengths in air between 200 and 400 nanometers, to induce skin tanning.”



5

Indoor Tanning Industry

- Indoor tanning began in the 1970s and grew rapidly
 - According to the Indoor Tanning Association, the industry is comprised of 19,000 businesses employing 160,000 individuals nationwide, and total annual sales in the U.S. are more than \$5 billion
- The average American city has 41 tanning salons¹
- There are a large number of tanning salons in Virginia
 - Chesapeake, VA: 40 salons
 - Norfolk, VA: 26 salons
 - Richmond, VA: 26 salons
 - Virginia Beach, VA: 50 salons
- In addition, tanning devices are located in some apartments, beauty salons, and fitness centers
 - Age restrictions do not apply to these sites

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Indoor Tanning Industry

- More than 1 million people in the U.S. tan in tanning salons each day, and 30 million visit each year²
- The use of tanning beds/booths is increasing at 3%-5% per year in the U.S.; and approximately 3%-10% of salon revenue is from clients under the age of 18*
- According to the 2011 Youth Risk Behavior Survey and the 2010 National Health Interview Survey, both nationally representative samples³
 - Among non-Hispanic white female high school students, 29.3% engaged in indoor tanning and 16.7% engaged in frequent (>10 times) indoor tanning during the previous 12 months
 - The prevalence and frequency of indoor tanning increased with age
 - Among non-Hispanic white women ages 18-34 years, 25% engaged in indoor tanning and 15% engaged in frequent (>10 times) indoor tanning during the previous 12 months
 - The prevalence and frequency of indoor tanning decreased with age

*Sources: Indoor Tanning Association and the American Suntanning Association

7

Prevalence of Indoor Tanning Among Non-Hispanic White Female High-School Students (2011) and Women ages 18-34 years (2010)³

Age	IT ≥1 Time in Previous 12 Months	IT ≥10 Times in Previous 12 Months	Frequency Among Those Engaging in IT*
≤14	14.2%	6.2%	43.5%
15	17.8%	9.0%	50.6%
16	31.1%	15.7%	50.6%
17	39.3%	24.2%	61.6%
≥18	43.8%	29.9%	68.2
Total	29.3%	16.7%	57.0%
18-21	31.8%	21.3%	67.6%
22-25	29.6%	16.5%	56.3%
26-29	22.1%	13.1%	59.2%
30-34	17.4%	10.5%	60.6%
Total	24.9%	15.1%	61.0%

IT=Indoor Tanning. *Percent of respondents who tan indoors that did so at least 10 times in the previous 12 months

8

Tanning Device Regulations

- The FDA regulates the manufacturers of tanning devices
- Manufacturers must adhere to FDA requirements for sunlamp specifications, posting of warning labels, and provision of eye protection
 - They must provide an exposure schedule in the product warning label and the FDA recommends that the exposure schedule for users be based on the user's skin type
 - The FDA recommends, but does not require or enforce, an exposure schedule not exceeding a 0.75 minimal erythral dose (defined as a dose resulting in minimal pinkness) 3 times during the first week of tanning, gradually increasing the exposure the following weeks until maximum tanning has occurred (approximately 4 weeks total) and then provide for maintenance of a tan by biweekly or weekly exposures of up to 4 minimal erythral doses
 - FDA limits the amount of UVC emitted, but does not regulate the amount of UVA and UVB
 - Because the proportion varies, consumers may not be able to predict the outcome of a particular tanning session

9

Proposed FDA Reclassification of Tanning Devices

- Due to new scientific evidence, the FDA is proposing to reclassify tanning devices from class I (general controls/low risk) to class II (special controls/moderate risk)
 - The FDA panel reviewed all of the evidence of an association between UV radiation and skin cancer, including evidence specifically linking tanning devices and skin cancer, and unanimously agreed that sunlamps should not be classified as low risk
 - Some panel members wanted to reclassify tanning devices as class III (high-risk) and/or restrict sunlamp usage to persons 18 years of age or older
 - The majority of public comments were in support of strengthening FDA regulations (133 of 139 comments submitted)
- If reclassified, manufacturers would have to submit a Section 510(k) pre-market notification to the FDA for these devices, which are currently exempt from any pre-market review

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Proposed FDA Reclassification of Tanning Devices

- Under new classification, manufacturers would be required to:
 - Show the product meets appropriate output performance specifications such as wavelengths, energy density, and lamp life
 - Demonstrate safety features, such as timers to limit UV exposure and alarms, function properly
 - Demonstrate other product design requirements have been met (i.e. mechanical and electrical safety, software verification, etc.)
 - Permanently affix the warning statement: "Attention: This sunlamp product should not be used on persons under the age of 18 years."
 - Provide warning statements in the user manual, including
 - "Warning: Persons repeatedly exposed to ultraviolet sunlamp products should be regularly evaluated for skin cancer."

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Virginia Tanning Law and Regulations*

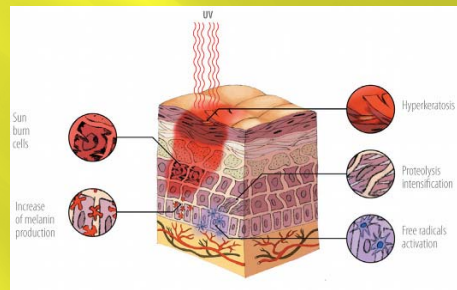
- A tanning device utilized by a tanning facility in Virginia must comply with all applicable federal laws and regulations
- No state tanning regulations have been promulgated
 - "The state tanning law is specific enough that there is no need for more detailed regulations."
 - "There is no specific program for either the regulation of tanning facilities or enforcement of the tanning law. The local Commonwealth's Attorney is responsible for enforcement of any alleged violations of this law that may occur in his respective jurisdiction."
- The state does not license tanning bed operators
- Tanning salon owners and employees can voluntarily take a class on proper tanning device operation
 - According to the American Suntanning Association, 75% of salon owners in Virginia have completed the training

*A complete listing of Virginia's tanning law is available at <https://www.vdh.virginia.gov/epidemiology/radiologicalhealth/tanning/law.htm>

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Risks Posed by Tanning Device Use

- Increased risk of skin damage and cancer
- Burns to the skin
- Eye injury
- Transmission of infectious diseases
- Electrical shock
- Mechanical injury



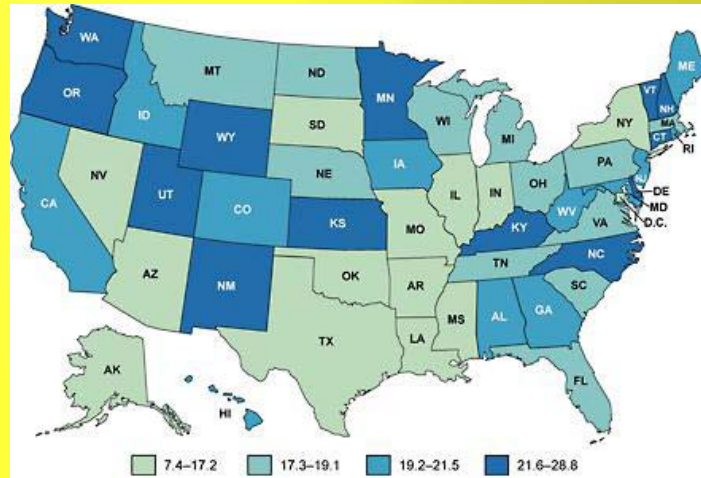
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Skin Cancer in the U.S.

- According to the National Cancer Institute (NCI), more than 68,000 people in the U.S. are diagnosed with melanoma each year, and 1 out of 8 persons will die from this type of cancer
- Melanoma rates have been increasing by 3% per year in whites since 2004⁴
- For individuals 20-29 years old, melanoma is the second most common cancer in women, and third most common cancer in men
- U.S. incidence rates for melanoma have been rising in all age groups since first recorded in 1973⁵
 - Incidence rates for women, age 15-39, have increased from 5.5 per 100,000 in 1973 to 13.9 per 100,000 in 2004 (SEER data)

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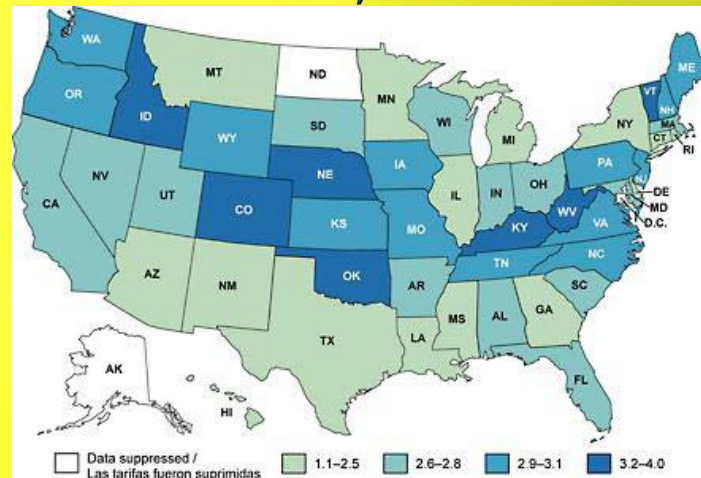
Melanoma of the Skin Incidence Rates by State, 2008



*Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population. †Source: U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2008 Incidence and Mortality Web-based Report*. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2012. Available at: <http://www.cdc.gov/uscs>.

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Melanoma of the Skin Death Rates by State, 2008



*Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population. Rates are suppressed if fewer than 16 cases were reported in a state.

Source: U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2008 Incidence and Mortality Web-based Report*. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2012. Available at: <http://www.cdc.gov/uscs>.

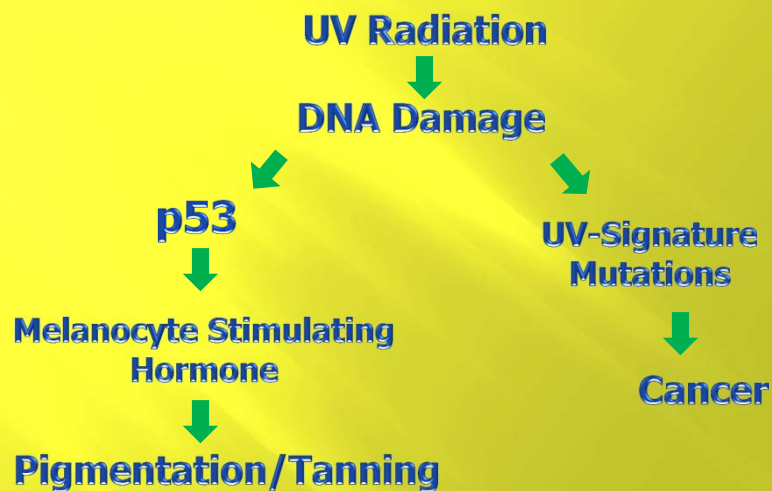
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Skin Cancer and UV Exposure

- Cumulative repeated UV exposure, regardless of whether skin burning occurs, increases the risk of skin cancer⁶
 - “There are strong epidemiologic and molecular data linking all forms of skin cancer to UV exposure; and it is estimated that UV is causative for nearly 65% of melanoma and 90% of non-melanoma skin cancers.”⁷
 - It is the process of UV radiation causing DNA damage in skin cells that elicits the “tanning response.” This same process also elevates carcinogenic risk.⁷
 - Burning, via the sun or tanning devices, further increases the risk of skin cancer

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Schematic of molecular steps in the tanning and UV-carcinogenesis pathways⁸



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Skin Cancer and Tanning Device Use

- In 2009, based on the growing body of research linking the use of tanning devices to skin cancer, the International Agency for Research on Cancer (part of the World Health Organization) classified UV radiation from tanning devices as a class I carcinogen and recommended that minors not use indoor tanning devices⁹
- Tanning beds are now rated in the same group as tobacco and asbestos⁹
- Since the IARC's reclassification of tanning devices, additional research has resulted in even stronger evidence of the relationship between tanning device use and all forms of skin cancer^{3,7,8,11-21}

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Skin Cancer and Tanning Device Use

- Tanning devices can be more dangerous than the sun because they can be used year round, adding to a person's cumulative UV exposure²²⁻²⁵
- Frequent indoor tanners may receive 1.2-4.7 times the yearly dose of UVA received from sunlight, in addition to doses from sun exposure⁴¹
- In 2012, a meta-analysis of 27 observational studies showed¹³
 - The risk of cancer increased 20% for persons who have ever used a tanning device
 - The rate increases to 36%-85% if indoor tanning started prior to age 35
 - The risk of melanoma increases by 1.8% for each additional tanning bed session
- Use of a tanning device before age 25 increases the risk of nonmelanoma skin cancer by 40%-102%²⁰

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Skin Cancer and Tanning Device Use

- FDA/NCI study found that UV exposure typically provided by tanning devices is excessive. The same cosmetic effects could be achieved with one-third to one-fourth the amount of UV radiation.*
- Tanning units can emit UVA doses that are 5-15 times greater than that of the midday Mediterranean sun^{13,16,27}
 - "Repeated exposure to large amounts of UVA delivered to the skin in relatively short periods (10-20 minutes) constitutes a new experience for humans."¹³

*Also see citation 26

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Skin Burns, Eye Injury, and Premature Aging

UV exposure can result in:

- Skin burns
 - A 2009 study of tanning device use among adolescents in the U.S. found that 58% experienced at least one skin burn within the previous year¹⁴
 - Approximately 1,800 hospital emergency department cases per year are a result of tanning device usage²⁸
 - Actual number of injuries likely is higher because the estimate does not include cases treated in outpatient clinics, physician's offices, or at home
 - A meta-analysis of 57 studies and another analysis of 15 studies found strong associations between skin burns and melanoma^{29,30}
- Eye injury
 - UV radiation from tanning devices can cause damage to eyes if protective eyewear is not worn, including cataract formation and ocular melanoma^{11,31}
- Premature aging of the skin due to DNA and skin cell damage^{11,22,23,32,33}

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Suggested Benefits of Tanning Devices

- Treatment of seasonal affective disorder (SAD)
 - Visible light has been found to have an effect on SAD; however, there is no definitive evidence that UV radiation is effective in the treatment of SAD³⁴⁻³⁶
- Vitamin D
 - Some tanning devices can produce vitamin D; however, it is much safer to obtain it through foods and dietary supplements³⁷⁻³⁹
- It is a widely held belief that tanning at a salon before a vacation can provide a protective base tan
 - However, a base tan provides minimal protection against burning (SPF 2-4) and does not provide any protection against premature aging or reduce the risk of skin cancer^{16,40}

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Restrictions on Tanning Device Use

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Age Restrictions for Tanning Salons in the U.S.

- 35 states have some kind of legislation regarding minors' use of tanning salons
- 6 states have banned the use of tanning salons by persons under 18
 - California (2011), Vermont (2012), Illinois, (2013), Oregon (2013), Nevada (2013), and Texas (2013)
- In 2009, Howard County, Maryland was the first U.S. jurisdiction to ban tanning for minors under 18
- Chicago and Springfield, IL passed under 18 bans in 2012

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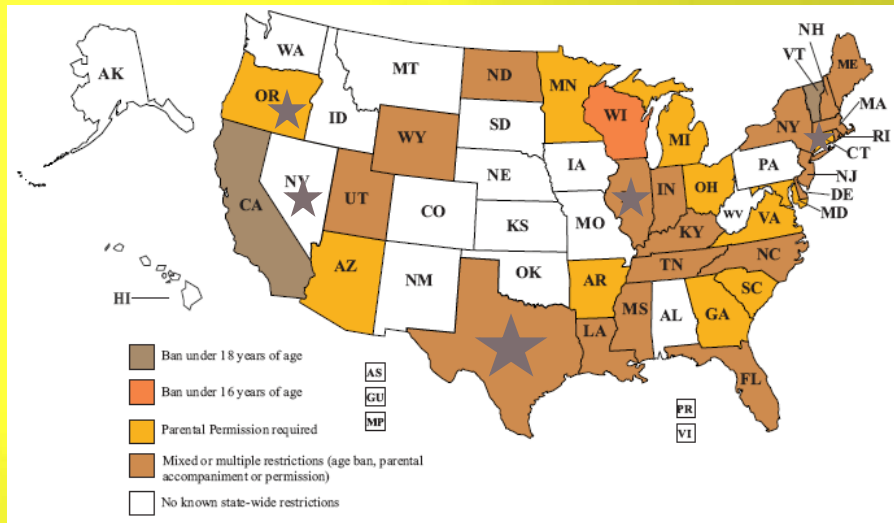
Indoor Tanning Restrictions for Minors in the U.S., August 2013

Legislation Introduced	States
Under 18 Ban	Alabama, Arizona, Delaware, Florida, Hawaii, Indiana, Iowa, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, North Carolina, Ohio, Oklahoma, Pennsylvania, Washington
Law	States
Under 18 Ban	California, Connecticut, Illinois, Nevada, Oregon, Texas, Vermont
Under 17 Ban	New Jersey, New York, Wisconsin (15)
Under 14 Ban	Delaware, D.C., Georgia, Maine, New Hampshire, North Carolina, North Dakota, West Virginia
Parental Accompaniment Required	Florida (13), Indiana (15), Kentucky (13), Louisiana (13), Massachusetts (13), Mississippi (13), Tennessee (13), Utah (17), Wyoming (14)
Parental Consent Required	Arizona (17)(IP), Arkansas (17)(IP), Maryland (17)(IP), Michigan (17)(IP), Minnesota (15)(IP), Ohio (17)(IP), Rhode Island (17)(IP), South Carolina (17)(IP), Virginia (14)

Note: () = oldest age to which the restriction applies; (IP) = parental consent required in person
 Source: www.ncsl.org/issues-research/health/indoor-tanning-restrictions.aspx

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State Indoor Tanning Laws for Minors, 2013



<http://www.ncsl.org/issues-research/health/indoor-tanning-restrictions.aspx>

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Under Age 18 Bans for Tanning Salons in Other Countries

- Australia (New South Wales, South Australia)
- Austria
- Belgium
- Brazil (All ages)
- Canadian Provinces: British Columbia, Labrador, Newfoundland, Nova Scotia, Ontario, Prince Edward Island, Quebec
- Finland
- France
- Germany
- Iceland
- Lithuania
- Netherlands
- Norway
- Portugal
- Spain
- United Kingdom

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Support for Under 18 Age Restriction on Tanning Salon Use

- World Health Organization
- The International Commission of Non-ionizing Radiation Protection
- National Radiological Protection Board (UK)
- National Health and Medical Research Council (Australia)
- U.S. National Toxicology Program
- U.S. Food and Drug Administration
- American Academy of Pediatrics and its Virginia Chapter
- American Academy of Dermatology and its Virginia Chapter
- American Medical Association and the Medical Society of Virginia
- Society of Surgical Oncology

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Policy Options

Option 1: Take no action.

Option 2: Introduce legislation prohibiting persons under the age of 15 years from using tanning devices at tanning facilities; and requiring a parent or legal guardian of unemancipated persons 15-17 years of age to provide written consent prior to allowing the minor to use a tanning device at a tanning facility.

Option 3: Introduce legislation prohibiting unemancipated persons under the age of 18 years from using a tanning device at tanning facility.

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Public Comments

- Written public comments on the proposed options may be submitted to JCHC by close of business on November 12, 2013. Comments may be submitted via:
 - E-mail: sreid@jchc.virginia.gov
 - Facsimile: 804-786-5538 or
 - Mail to: Joint Commission on Health Care
P.O. Box 1322
Richmond, Virginia 23218
- Comments will be summarized and included in the Decision Matrix which will be considered during the JCHC meeting on November 18th.

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SENATE BILL NO. 1274

Offered January 14, 2013

A BILL to amend and reenact §§ 59.1-310.3 and 59.1-310.5 of the Code of Virginia, relating to the operation of tanning facilities; access by minors.

Patron—Barker

Referred to Committee on Commerce and Labor

Be it enacted by the General Assembly of Virginia:

1. That §§ 59.1-310.3 and 59.1-310.5 of the Code of Virginia are amended and reenacted as follows:

§ 59.1-310.3. Notice to customers; liability.

A. A tanning facility shall give each customer a written statement warning that:

1. Failure to use the eye protection provided to the customer by the tanning facility may result in damage to the eyes;

2. Overexposure to ultraviolet light causes burns;

3. Repeated exposure may result in premature aging of the skin and skin cancer;

4. Abnormal skin sensitivity or burning may be caused by reactions of ultraviolet light to certain (i) foods; (ii) cosmetics; or (iii) medications, including tranquilizers, diuretics, antibiotics, high blood pressure medicines, or birth control pills; and

5. Any person taking a prescription or over-the-counter drug should consult a physician prior to using a tanning device.

B. Prior to allowing a prospective customer to use a tanning device, the owner or his designee shall obtain on the written statement the signature of each customer on a duplicate of the written statement provided to the customer under subsection A. In addition, the owner or his designee shall obtain, every six months prior to allowing a prospective customer who is age 15, 16, or 17 years and not emancipated under Virginia law to use a tanning device, the signature written consent of the parent or legal guardian of such a prospective customer who is under the age of 15 and is not emancipated under Virginia law as required by subdivision G 2 of § 59.1-310.5.

C. Compliance with the notice and consent requirements does not affect the liability of a tanning facility owner or a manufacturer of a tanning device.

D. The signed duplicates of the written statements provided under subsection A and written consent provided under subsection B may be retained at a location other than the tanning facility if an electronic or facsimile image of the original is readily available at each of an owner's tanning facilities.

§ 59.1-310.5. Operational requirements.

A. A tanning facility shall have an operator present during operating hours. The operator shall be sufficiently knowledgeable in the correct operation of the tanning devices used at the facility and shall inform and assist each customer in the proper use of the tanning device.

B. The owner or his designee shall identify the skin type of the customer based on the Fitzpatrick scale, document the skin type of the customer, and advise the customer of the customer's maximum time of recommended exposure in the tanning device.

C. Before each use of a tanning device, the operator shall provide the customer with properly sanitized protective eyewear that protects the eyes from ultraviolet radiation and allows adequate vision to maintain balance. The operator shall not allow a person to use a tanning device if that person has not been provided protective eyewear. The operator shall also instruct each customer how to use suitable physical aids, such as handrails and markings on the floor, to maintain proper exposure distance as recommended by the manufacturer of the tanning device.

D. After each use of a tanning device, the owner or his designee shall clean the device with a cleaner or sanitizer capable of killing bacteria from any previous use.

E. The tanning facility shall use a timer with an accuracy of at least plus or minus ten percent of any selected time interval. The facility shall limit the exposure time of a customer on a tanning device to the maximum exposure time recommended by the manufacturer. The facility shall control the interior temperature of a tanning device so that it may not exceed 100 degrees Fahrenheit.

F. Either each time a customer uses a tanning facility or each time a person executes or renews a contract to use a tanning facility, the person shall sign a written statement acknowledging that the person has read and understood the required warnings before using the device and agrees to use the protective eyewear that the tanning facility provides.

G. An individual who is:

INTRODUCED

SB1274

- 59 *1. Age 14 years or younger shall not be allowed to use a tanning device at a tanning facility; and*
60 *2. Age 15, 16, or 17 and not emancipated under Virginia law shall not be permitted to use a tanning*
61 *device at a tanning facility unless the individual's parent or legal guardian has given written consent to*
62 *the individual's use of the tanning device pursuant to subsection B of § 59.1-310.3.*
63 The owner shall be responsible for ensuring that each customer using the tanning facility is of legal
64 age to do so *and that a parent or legal guardian of an individual described in subdivision 2 has*
65 *consented in writing to the individual's use of the tanning device.*
66 H. A tanning facility shall not claim, or distribute promotional material that claims that the use of a
67 tanning device is safe, is without risk, or will result in medical or health benefits.

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