



May 17, 2021

The Honorable Scott Lipps  
Chair, Committee on Health  
Ohio House of Representatives  
77 South High Street  
Columbus, OH 43215

Dear Chairman Lipps,

On behalf of the undersigned organizations representing approximately 350 dermatologists in Ohio and nearly 17,000 dermatologists nationwide, we urge you and members of the Committee on Health to support HB 159. This legislation would prohibit minors from using indoor tanning devices. As dermatologists, we dedicate our lives to promoting habits in our patients that ensure healthy skin. We are extremely concerned with the frequent patronage of indoor tanning facilities by adolescents, as explained below.

**Tanning Device Use is as Carcinogenic as Tobacco Smoking**

Ultraviolet (UV) radiation from tanning beds has been classified at the highest level as a known human carcinogen by the US Department of Health and Human Services<sup>1</sup>, and is recognized as “carcinogenic to humans” by the World Health Organization’s International Agency for Research on Cancer in the same category as tobacco and tobacco smoking, mustard gas, and asbestos.<sup>2</sup>

In 2014, the FDA finalized changes to its regulation of tanning beds, including a strong recommendation against the use of tanning beds by minors under the age of 18. This order raises the classification for sunlamps and tanning beds to a Class II level, which institutes stricter regulations to protect public health. Additionally, the order requires tanning bed and lamp manufacturers to label sunlamp products with a visible black-box warning that explicitly states that the sunlamp product should not be used on persons under the age of 18 years. Further, marketing materials must contain similar warnings and inform consumers of the risk of skin cancer.

In addition to actions taken by the FDA to address the dangers of indoor tanning, the U.S. Department of Health and Human Services’ (HHS) Office of the Surgeon General issued a national call-to-action on skin cancer prevention. The national call to action identifies opportunities for the government, public and private organizations, health care providers and individuals to raise awareness of skin-protection practices. Specifically, the call to action recommends state and local policies and legislation to restrict minors’ access. It recognizes that indoor tanning laws that restrict minors’ access have been effective in reducing indoor tanning among the most at-risk populations.

There is no such thing as a “safe” tan. UV radiation damages the skin’s DNA, which is the beginning stage of skin cancer. Use of indoor tanning beds has been linked to melanoma, basal cell carcinoma, squamous cell carcinoma, molecular damage of the skin, and other acute damage to the eyes and skin, and should be avoided.

## **Indoor Tanning Significantly Increases One’s Risk of Developing Skin Cancer**

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<sup>1</sup> U.S. Department of Health and Human Services, Public Health Service, National Toxicology Program. Report on carcinogens, 14th ed: Ultraviolet-radiation-related exposures. 2016. <https://ntp.niehs.nih.gov/pubhealth/roc/index-1.html>

<sup>2</sup> IARC Working Group. Special Report: Policy; A review of human carcinogens –Part D: radiation. *Lancet Oncology* 2009; 10: 751-52.

Epidemiologic data suggest that most skin cancers can be prevented if children, adolescents, and adults are protected from UV radiation. However, the deadliest form of skin cancer, melanoma, is the second most common form of cancer in females ages 15 to 29.<sup>3</sup> Evidence from multiple studies has shown that exposure to UV radiation from indoor tanning devices is associated with an increased risk of melanoma and nonmelanoma skin cancer, including squamous cell carcinoma and basal cell carcinoma.<sup>4 5 6 7 8 9 10</sup> Using indoor tanning beds before age 35 increases the risk of melanoma by 59 percent and the risk increases with each use.<sup>11, 12</sup> Even one indoor tanning session can increase users' risk of developing squamous cell carcinoma by 67 percent and basal cell carcinoma by 29 percent.<sup>9-</sup><sup>10</sup> Researchers estimate that indoor tanning may cause upwards of 400,000 cases of skin cancer in the U.S. each year.<sup>10, 13</sup>

Risk of developing basal cell carcinoma is higher in those who begin indoor tanning at earlier ages. Indoor tanning before age 24 increases one's risk of developing basal cell carcinoma by age 50.<sup>14</sup>

Prohibiting use of indoor tanning for all minors under the age of 18 is critical to preventing future skin cancers. Researchers recently concluded that prohibition of indoor tanning among minors could significantly reduce melanoma incidence, mortality, and treatment costs. Such a prohibition could potentially reduce the incidence of melanoma by 4.9% and the number of melanoma deaths by

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<sup>3</sup> Surveillance, Epidemiology, and End Results (SEER) program 18 registries. Data run July 25, 2018.

<sup>4</sup> The 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." *International Journal of Cancer*. 2007 March 1;120:111-1122.

<sup>5</sup> Karagas M, et al. "Use of tanning devices and risk of basal cell and squamous cell skin cancers." *Journal of the National Cancer Institute*. 2002 February 6;94(3):224-6.

<sup>6</sup> Colantonio S, Bracken MB, Beecker J. The association of indoor tanning and melanoma in adults: systematic review and meta-analysis. *J Am Acad Dermatol* 2014;70:847-57.

<sup>7</sup> Whitmore SE, Morison, WL, Potten CS, Chadwick C. Tanning salon exposure and molecular alterations. *J Am Acad Dermatol* 2001;44:775-80.

<sup>8</sup> Lim HW, James WD, Rigel DS, Maloney ME, Spencer JM, Bhushan R. Adverse effects of ultraviolet radiation from the use of indoor tanning equipment: time to ban the tan. *J Am Acad Dermatol*. 2011 May;64(5):893-902.

<sup>9</sup> Boniol M, Autier P, Boyle P, Gandini S. Cutaneous melanoma attributable to sunbed use: systematic review and meta-analysis. *BMJ*. 2012 Jul 24;345:e4757.

<sup>10</sup> 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 Oct 2;345:e5909.

<sup>11</sup> Lazovich, D, et al. "Indoor Tanning and Risk of Melanoma: A Case-Control Study in a Highly Exposed Population." *Cancer Epidemiol Biomarkers Prev*. 2010 June;19(6):1557-1568.

<sup>12</sup> Corrections: Cutaneous melanoma attributable to sunbed use: systematic review and meta-analysis. *British Medical Journal* 2012;345:e8503.

<sup>13</sup> Wehner MR, Chren M, Nameth D, et al. International Prevalence of Indoor Tanning: A Systematic Review and Meta-analysis. *JAMA Dermatol*. 2014;150 (4): 390-400. doi:10.1001/jamadermatol.2013.6896.

<sup>14</sup> Karagas MR, et al. Early-onset basal cell carcinoma and indoor tanning: a population-based study. *Pediatrics*. 2014 Jul;134(1):e4-12. doi: 10.1542/peds.2013-3559.

4.7%.<sup>15</sup> Research indicates that more than half of indoor tanners (52.5 percent) start tanning before age 21, while nearly one-third (32.7 percent) start tanning before age 18.<sup>16</sup> Annually, about \$3.3 billion of skin cancer treatment costs are attributable to melanoma.<sup>17</sup> Of course, this figure does not begin to account for the tragic loss of life from this menacing disease.

### **Tanning Industry Consistently Misleads Customers**

In January 2010, the Federal Trade Commission charged the Indoor Tanning Association (ITA) with making false health and safety claims about indoor tanning. The ITA was prohibited from making any false health claims, misrepresenting any tests or studies, and cannot provide deceptive advertisements to its members. Moreover, advertisements from the association were required to contain disclosures regarding the risk of developing skin cancer and disclosures about vitamin D.

In February 2012, the US House of Representatives Energy and Commerce Committee released an investigative report detailing false and misleading health information provided by the indoor tanning industry. This investigation revealed that salons described the suggestion of a link between indoor tanning and skin cancer as a “myth,” “rumor,” or “hype.” It also revealed that four out of five tanning salons falsely claimed that indoor tanning is beneficial to a young person’s health. In fact, salons used many approaches to downplay the health risks of indoor tanning, including blaming the use of sunscreen as a reason for rising rates of skin cancer in the US. Many of the salons tried to validate the safety of indoor tanning by alluding to the fact that unsafe practices would not be allowed by the government. The Committee’s report reconfirms that stronger state and federal laws are needed to provide oversight of this industry.<sup>18</sup>

We urge you to support HB 159 in order to reinforce the actions taken on the federal level and increase the level of state protection for adolescents and young adults from the dangers of indoor tanning in Ohio. We appreciate the opportunity

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<sup>15</sup> Guy GP, Zhang Y, Ekwueme DU, Rim SH, Watson M. The potential impact of reducing indoor tanning on melanoma prevention and treatment costs in the United States: An economic analysis. *J Am Acad Dermatol*. 2017;76:226-233.

<sup>16</sup> Watson M, Shoemaker M, Baker K. Indoor Tanning Initiation Among Tanners in the United States. *JAMA Dermatol*. Published online March 22, 2017. doi:10.1001/jamadermatol.2016.5898.

<sup>17</sup> Guy GP, Machlin S, Ekwueme DU, Yabroff KR. Prevalence and costs of skin cancer treatment in the US, 2002–2006 and 2007–2011. *Am J Prev Med*. 2015;48:183–7.

<sup>18</sup> US House Committee on Energy and Commerce. False and Misleading Health Information Provided to Teens by the Indoor Tanning Industry Investigative Report.

<http://democrats.energycommerce.house.gov/sites/default/files/documents/Tanning%20Investigation%20Report%202.1.12.pdf>, accessed 20 Feb 2012.

to provide written comments on this important public health issue. For further information, please contact Lisa Albany, director of state policy for the AADA, at LAlbany@aad.org or (202) 712-2615.

Sincerely,

Handwritten signature of Kenneth J. Tomecki in blue ink.

Kenneth J. Tomecki, MD, FAAD  
President  
American Academy of Dermatology Association

Handwritten signature of Mathew Avram in black ink.

Mathew Avram, MD, JD  
President  
American Society for Dermatologic Surgery Association

Handwritten signature of Melissa Piliang in black ink.

Melissa Piliang, MD, FAAD  
President  
Ohio Dermatological Association

CC: Members of the Committee on Health