



May 10, 2019

The Honorable Larry Hogan  
Governor  
State of Maryland  
100 State Circle  
Annapolis, MD 21401

Dear Governor Hogan,

On behalf of the nearly 14,000 members of the American Academy of Dermatology Association, we are writing to urge your signature of SB 299 and HB 124. 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, and urge you to sign this legislation to protect all of Maryland's teens from the dangers of indoor tanning.

### **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 addition, the Centers for Disease Control and Prevention's Healthy People 2020 goals include the reduction of adolescent use of indoor tanning devices.<sup>3</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

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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.

<sup>3</sup> US Department of Health and Human Services. Healthy People 2020. [www.healthypeople.gov/hp2020/Objectives](http://www.healthypeople.gov/hp2020/Objectives), accessed 22 Nov 2010.

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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.

SB 299 and HB 124 would prohibit minors under 18 from using indoor tanning beds and would require the Maryland Department of Health to make available to each tanning facility a notice to be conspicuously posted in the facility regarding use by minors, penalties for violations, and health risks associated with tanning.

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

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>4</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

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<sup>4</sup> NAACCR Fast Stats: An interactive tool for quick access to key NAACCR cancer statistics. North American Association of Central Cancer Registries. <http://www.naacccr.org/>. (Accessed on 3-10-2016)

carcinoma.<sup>567891011</sup> Using indoor tanning beds before age 35 increases the risk of melanoma by 59 percent; the risk increases with each use.<sup>121314</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>15</sup> Researchers estimate that indoor tanning may cause upwards of 400,000 cases of skin cancer in the U.S. each year.<sup>16</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>17</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 4.7%.<sup>18</sup> Survey data indicates that 20.2 percent of all female high school students have tanned indoors, and 30.7% of Caucasian female high school students have tanned indoors.<sup>19</sup>

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<sup>5</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>6</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>7</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>8</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>9</sup> Whitmore SE, Morison, WL, Potten CS, Chadwick C. Tanning salon exposure and molecular alterations. *J Am Acad Dermatol* 2001;44:775-80.

<sup>10</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>11</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>12</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>13</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>14</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>15</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>16</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>17</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.

<sup>18</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>19</sup> Guy GP, Berkowitz Z, Jones SE, Holman DM, Garnett E, Watson M. Trends in indoor tanning among US high school students, 2009-2013. *JAMA Dermatol*. 2015;151:448-50.

## **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>20</sup>

## **Despite Legislative Gains, Increased Regulation Continues to be Necessary**

Tanning advocates often argue that additional regulation of their industry is not necessary. Yet, despite some progress, the tanning industry remains highly unregulated and studies have indicated that state laws requiring only parental consent are ineffective at curbing this dangerous activity. Furthermore, commercial indoor tanning facilities are prevalent in the US, with an average of 42 tanning salons per major US city. This number exceeded the number of Starbucks and McDonalds in most locations.<sup>21</sup>

Although 46 states, including the District of Columbia, and eleven local jurisdictions regulate indoor tanning facilities, more must be done. Our organizations believe protecting the public, especially adolescents, and requiring appropriate oversight of the indoor tanning industry will have a profound effect on improving public health and reducing overall health care costs. Annually, about \$3.3 billion of skin cancer treatment

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<sup>20</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.

<sup>21</sup> Hoerster KD, Garrow RL, Mayer JA, Clapp EJ, Weeks JR, Woodruff SI, Sallis JF, Slymen DJ, Patel MR, Sybert SA. “Density of indoor tanning facilities in 116 large U.S. cities.” *Am J Prev Med* 2009; 36 (3): 243-46.

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costs are attributable to melanoma.<sup>22</sup> Of course, this figure does not begin to account for the tragic loss of life from this menacing disease.

We urge you to sign SB 299/HB 124 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 Maryland. We appreciate the opportunity 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](mailto:LAlbany@aad.org) or (202) 712-2615.

Sincerely,

A handwritten signature in black ink that reads "George Hruza". The signature is written in a cursive style with a large, sweeping initial "G".

George J. Hruza, MD, MBA, FAAD  
President  
American Academy of Dermatology Association

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<sup>22</sup> U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Prevent Skin Cancer. Washington, DC: U.S. Dept of Health and Human Services, Office of the Surgeon General; 2014: page 1.