



**Connecticut  
Public Health  
Association**

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

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

The greatest risk posed by the ultraviolet (UV) radiation emitted from indoor tanning devices is an increased risk of developing various types of skin cancer. Skin cancer has increasingly become a pressing public health concern for younger populations throughout the country and is the most common type of cancer in the United States, with more than two million new diagnoses each year and approximately 12,000 deaths in 2012.<sup>1</sup> Melanoma, the deadliest form of skin cancer and most common kind among young adults age 25-29, accounted for 9,000 of those deaths.<sup>1</sup> The state of Connecticut has the 8<sup>th</sup> highest melanoma incidence rate in the country.<sup>2</sup>

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

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

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

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

Thank you for your time and attention.

Sincerely,  
Kathi Traugh, MPH  
President  
Connecticut Public Health Association

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