

MEMORANDUM

March 18, 2016

TO: County Council

FROM: Amanda Mihill, Legislative Attorney *A. Mihill*

SUBJECT: **Public Hearing:** Bill 5-16, Tanning Facilities - Amendments

Bill 5-16, Tanning Facilities - Amendments, sponsored by Lead Sponsor Councilmember Hucker, and Co-Sponsors Council President Nancy Floreen, Councilmembers Leventhal, Katz, Navarro, and Rice, Council Vice-President Berliner, and Councilmembers Riemer and Elrich was introduced on March 1, 2016. A Health and Human Services Committee worksession is tentatively scheduled for April 4 at 9:30 a.m.

Bill 5-16 would prohibit minors from using indoor tanning devices; require tanning facilities and customers to adhere to certain duties; and require tanning facilities to provide certain warning statements and post certain signs. A memorandum from the Lead Sponsor discussing the purpose behind Bill 5-16 is attached at ©13. Also attached is "The Surgeon General's Call to Action to Prevent Skin Cancer" which lists in one of its goals to "reduce harms from indoor tanning" (©15-20).

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Bill No. 5-16
Concerning: Tanning Facilities –
Amendments
Revised: 3/7/2016 Draft No. 4
Introduced: March 1, 2016
Expires: September 1, 2017
Enacted: _____
Executive: _____
Effective: _____
Sunset Date: None
Ch. _____, Laws of Mont. Co. _____

COUNTY COUNCIL FOR MONTGOMERY COUNTY, MARYLAND

Lead Sponsor: Councilmember Hucker
Co-Sponsors: Council President Nancy Floreen, Councilmembers Leventhal, Katz, Navarro, and
Rice, Council Vice-President Berliner, and Councilmembers Riemer and Elrich

AN ACT to:

- (1) prohibit minors from using indoor tanning devices;
- (2) require tanning facilities and customers to adhere to certain duties;
- (3) require tanning facilities to provide certain warning statements and post certain signs; and
- (4) generally amend the law regarding tanning facilities.

By amending and renumbering

Montgomery County Code
Chapter 51A, Tanning Facilities
Sections 51A-1, 51A-2, 51A-3, 51A-4, 51A-5, 51A-6, 51A-7, 51A-8, 51A-9, 51A-10,
51A-11, 51A-12, 51A-13, 51A-14, and 51A-15

Boldface	<i>Heading or defined term.</i>
<u>Underlining</u>	<i>Added to existing law by original bill.</i>
[Single boldface brackets]	<i>Deleted from existing law by original bill.</i>
<u>Double underlining</u>	<i>Added by amendment.</i>
[[Double boldface brackets]]	<i>Deleted from existing law or the bill by amendment.</i>
* * *	<i>Existing law unaffected by bill.</i>

The County Council for Montgomery County, Maryland approves the following Act:

1 **Sec. 1. Chapter 51A is amended by amending and renumbering Sections**
 2 **51A-1, 51A-2, 51A-3, 51A-4, 51A-5, 51A-6, 51A-7, 51A-8, 51A-9, 51A-10,**
 3 **51A-11, 51A-12, 51A-13, 51A-14, and 51A-15:**

4 **51A-1. Definitions.**

5 In this Chapter the following words have the meanings indicated:

6 [(1)] *Department* means the Department of Health and Human Services.

7 [(2)] *Director* means the Director of the Department of Health and Human
 8 Services or the Director's designee.

9 [(3)] *Tanning facility* means any place where a tanning device is used [for a
 10 fee, membership dues, or any other compensation] regardless of whether a fee
 11 is [[charge]] charged for access to the tanning device.

12 [(4)] *Tanning device*[:

13 a. Means any equipment that emits radiation used for tanning of the
 14 skin, such as a sunlamp, tanning booth, or tanning bed; and

15 b. Includes any accompanying equipment, such as protective
 16 eyewear, timers, and handrails.] means equipment that emits
 17 electromagnetic radiation having wavelengths in the air between
 18 200 and 400 nanometers and that is used for tanning of human
 19 skin. *Tanning device* includes any accompanying equipment,
 20 including protective eyewear, timers, and handrails.

21 **[51A-2. Scope.]**

22 [This chapter does not apply to a licensed health care professional who uses a
 23 tanning device.]

24 **[51A-4] 51A-2. License required.**

25 (a) [It is unlawful for any person to] A person must not operate a tanning
 26 facility without a valid license issued by the [department] Department
 27 under this [chapter] Chapter.

- 28 (b) A license authorizes a person to operate a tanning facility only at the
 29 location identified in the license.
- 30 (c) A license issued under this [chapter] Chapter is not transferable.
 31 However, a new owner may continue to operate a tanning facility under
 32 the terms of the previous license if:
- 33 (1) [The] the new owner has applied for a license under this [chapter]
 34 Chapter; and
- 35 (2) [The] the license of the previous owner has not expired or been
 36 suspended or revoked.

37 **[51A-5] 51A-3. Application for license.**

- 38 (a) *In general.* A person who wants to operate a tanning facility must:
- 39 (1) [Submit] submit an application to the [department] Department
 40 on the form that the [department] Department requires; and
- 41 (2) [Pay] pay to the [department] Department a license fee in the
 42 amount that the [county executive] County Executive determines
 43 by regulation adopted under [method] Method (3).
- 44 (b) *Contents of form.* The application must include:
- 45 (1) [The] the name and address of the applicant;
- 46 (2) [The] the location and telephone number of the tanning facility
 47 for which the application is made;
- 48 (3) [The] the name, description and year of manufacture of each
 49 tanning device used by the tanning facility; and
- 50 (4) [Any] any other information that the [department] Department
 51 requires.
- 52 (c) *New equipment.* A person who operates a tanning facility must notify
 53 the [department] Department of the name, description, and year of

54 manufacture of any new equipment it uses within [thirty (30)] 30 days
 55 after installing the new equipment for use.

56 **[51A-6] 51A-4. Issuance of license; inspection.**

57 (a) *Issuance.* The [department] Department must issue a license to any
 58 person who:

59 (1) [Submits] submits an application under [section 51A-5] Section
 60 [[51A-4]] 51A-3;

61 (2) [Pays] pays the license fee required under [section 51A-5]
 62 Section [[51A-4]] 51A-3; and

63 (3) [Meets] meets all other requirements of this [chapter] Chapter.

64 (b) *Inspection.* Before issuing a license [under this chapter], the
 65 [department] Department must inspect a tanning facility to determine
 66 whether it meets the requirements of this [chapter] Chapter.

67 **[51A-7. License.]**

68 [(a)] (c) *Contents of license.* A license must include:

69 (1) [The] the name of the licensee;

70 (2) [The] the location of the tanning facility for which the license is
 71 issued;

72 (3) [The] the date that the license expires; and

73 (4) [Any] any other information that the [department] Department
 74 requires.

75 [(b)] (d) *Term of license.* A license is valid for [one (1)] 1 year after its date of
 76 issuance.

77 [(c)] (e) *Display.* A licensee must display the license conspicuously in the
 78 tanning facility.

79 **[51A-8. Renewal] 51A-5. License renewal.**

80 (a) *Application.* A licensee may renew a license if, [thirty (30)] 30 days
81 before the license expires, the licensee:

82 (1) [Submits] submits to the [department] Department a renewal
83 application on the form that the [department] Department
84 requires;

85 (2) [Pays] pays a renewal fee equal to the license fee established
86 under [section 51A-5] Section [[51A-4]] 51A-3; and

87 (3) [Meets] meets all other requirements of this [chapter] Chapter.

88 (b) *Extension.* An existing license continues in effect until the [department]
89 Department acts on the renewal application if:

90 (1) [The] the licensee meets the requirements of subsection (a); and

91 (2) [The] the existing license has not been suspended or revoked.

92 (c) *Term.* A license is valid for [one (1)] 1 year after its date of renewal.

93 **[51A-11] 51A-6. Standard for tanning devices.**

94 Any tanning device used by a tanning facility must meet performance
95 standards based on applicable federal law and regulations for the protection of the
96 public health as established by the [county executive] County Executive.

97 **[51A-13] 51A-7. [Use requirements] Duties; prohibition of use by minors.**

98 (a) *Tanning facility.* A tanning facility must:

99 (1) [Have] have a trained attendant on duty whenever the facility is
100 open for business;

101 (2) [a.] (A) [Provide] provide each customer with protective eyewear
102 that meets the standards for tanning devices established
103 under this [chapter] Chapter; and

104 [b.] (B) [Not allow] prohibit a person [to use] from using a
105 tanning device if that person does not use the protective
106 eyewear.

- 107 (3) [Show] show each customer how to use suitable physical aids,
 108 such as handrails and markings on the floor, to maintain proper
 109 exposure distance as recommended by the manufacturer;
- 110 (4) [Limit] limit each customer to the maximum exposure time as
 111 recommended by the manufacturer;
- 112 (5) ensure that a timing device that is accurate ~~[[with]]~~ within 10% of
 113 any selected timer interval is used and is remotely located so
 114 customers cannot set their own exposure time;
- 115 (6) [Control] control the interior temperature of a tanning facility so
 116 that it does not exceed [the temperature that the county executive
 117 determines by regulation under method (3)] 100 degrees
 118 Fahrenheit;
- 119 (7) ensure that each tanning device is equipped with a mechanism
 120 that allows a customer to turn the tanning device off;
- 121 (8) prohibit a customer from using a tanning device in the facility
 122 more than once every 24 hours;
- 123 (9) sanitize each tanning device after each use;
- 124 (10) provide a written warning as required in Section ~~[[51A-9]]~~
 125 51A-8; and
- 126 (11) maintain records as required in Section ~~[[51A-10]]~~ 51A-9.
- 127 (b) *Customer.*
- 128 (1) Either each time a person uses a tanning facility, or each time a
 129 person executes or renews a contract to use a tanning facility, the
 130 person must sign a written statement that the person:
 131 [a.] (A) [Has] has read and understood the warnings before using
 132 the device; and

133 [b.] (B) [Agrees] agrees to use the protective eyewear that the
 134 tanning facility provides.

135 (2) When using a tanning device, a person must use the protective
 136 eyewear that the tanning facility provides.

137 [(3) A person under the age of eighteen (18) must be accompanied by
 138 a parent or legal guardian when using a tanning device.]

139 (3) A person under the age of 18 must not use a tanning device.

140 **[51A-12] 51A-8. Warnings.**

141 (a) Warning Statement. A tanning facility must give each customer a
 142 written statement warning that:

143 (1) [The] the customer must use the protective eyewear that the
 144 tanning facility provides to avoid damage to the eyes;

145 (2) [Overexposure] overexposure causes burns;

146 (3) [Repeated] repeated exposure may cause premature aging of the
 147 skin and skin cancer;

148 (4) [Abnormal] abnormal skin sensitivity or burning may be caused
 149 by certain:

150 [a. Foods] (A) foods;

151 [b. Cosmetics] (B) cosmetics;

152 [c. Tranquilizers] (C) tranquilizers;

153 [d. Diuretics] (D) diuretics;

154 [e. Antibiotics] (E) antibiotics;

155 [f. High] (F) high blood pressure medicines; and

156 [g. Birth] (G) birth control pills; and

157 (5) Any person taking a prescription or over-the-counter drug should
 158 consult a physician before using a tanning device[.];

159 (6) it is a violation of County Code §51A-8 for a person under the
 160 age of 18 to use a tanning device.

161 (b) In the warning statement required under subsection (a), a tanning
 162 facility must tell its customers:

163 (1) [How] how much liability insurance it carries for the kinds of
 164 injuries listed in subsection (a); or

165 (2) [That] that it does not carry liability insurance for the kinds of
 166 injuries listed in subsection (a).

167 (c) Warning Sign. A tanning facility must post a warning sign in any area
 168 where a tanning device is used. The [county executive] Executive must
 169 determine the content and size of the warning sign by regulation under
 170 [method] Method (3). However, at a minimum, the sign must state that
 171 it is a violation of County Code §51A-13 for a person under the age of
 172 18 to use a tanning device.

173 (d) A tanning facility must not claim, or distribute promotional materials
 174 that claim, that using a tanning device is safe or free from risk.

175 (e) The liability of a facility operator or a manufacturer of a tanning device
 176 is not changed by giving the warning under this [section] Section.

177 **[51A-14] 51A-9. Injury report; records.**

178 (a) *Injury report.*

179 (1) *Tanning facility.* A tanning facility must:

180 [a.] (A) [Report] report any injury, or any complaint of injury, to
 181 the [department] Department on the form that the
 182 [department] Department requires; and

183 [b.] (B) [Send] send a copy of the injury report to the person who
 184 is injured or complains of an injury.

185 (2) *Department.* The [department] Department must send to the
 186 [food and drug administration] Food and Drug Administration a
 187 report of all injuries in a tanning facility.

188 (b) *Records.* A tanning facility must keep a record of each customer's use of
 189 a tanning device. The [county executive] Executive must determine by
 190 regulation a reasonable length of time and the manner that records must
 191 be kept.

192 **[51A-9] 51A-10. Right of entry.**

193 The [department] Department may inspect any tanning facility whenever it is
 194 open to the public for business to determine whether the tanning facility meets the
 195 requirements of this [chapter] Chapter.

196 **[51A-3] 51A-11. Administration; regulations.**

197 The Department [of Health and Human Services is responsible for
 198 administering and enforcing] must administer and enforce this Chapter. The County
 199 Executive must issue regulations for administering this Chapter under [method]
 200 Method (2). These regulations should include standards for hygiene, injury reports,
 201 training of attendants, and the meaning of health care professional.

202 **[51A-10] 51A-12. Enforcement.**

203 (a) *Order to comply.* The [director] Director may order a licensee to comply
 204 with the provisions of this [chapter] Chapter. The [county attorney]
 205 County Attorney may file an action in any competent court to enforce
 206 an order under this [section] Section or to enjoin any violation of this
 207 [chapter] Chapter.

208 (b) *Denial, suspension, revocation.* The [department] Director may deny,
 209 suspend, or revoke a license under this [chapter] Chapter if the
 210 [director] Director finds, after a hearing for which written notice has
 211 been given, that an applicant or licensee has:

- 212 (1) [Made] made a material false statement on an application for an
 213 initial or renewal license;
- 214 (2) [Obtained] obtained a license by fraud or deceit;
- 215 (3) [Failed] failed to conform to the provisions of this [chapter]
 216 Chapter;
- 217 (4) [Refused] refused lawful entry to any person authorized to
 218 enforce this [chapter] Chapter; or
- 219 (5) [Failed] failed to comply with an order under this [section]
 220 Section.

221 (c) *Summary closing.*

222 (1) The [director] Director may summarily suspend or revoke a
 223 license under this [chapter] Chapter if the [director] Director
 224 finds that the tanning facility presents an immediate threat to the
 225 public health or safety.

226 (2) If the [director] Director summarily suspends or revokes a license
 227 under this [section] Section, the [director] Director must:

228 [a.] (A) [Give] give the licensee written notice as soon as
 229 possible; and

230 [b.] (B) [Hold] hold a hearing within [forty-eight (48)] 48 hours
 231 after receiving a written request for a hearing from the
 232 licensee.

233 (d) *Reinstatement.* Any person whose license has been suspended or
 234 revoked under this [section] Section may apply to the [director] Director
 235 for reinstatement of the license. Upon receipt of an application for
 236 reinstatement, the [director] Director must inspect the tanning facility
 237 and must reinstate the license if the tanning facility conforms to the
 238 provisions of this [chapter] Chapter.

239 (e) *Notice.* Notice to an applicant or licensee under this [section] Section is
240 effective if:

241 (1) [~~Served~~] served personally on the applicant or licensee;

242 (2) [~~Mailed~~] mailed by certified mail to the applicant or licensee; [or]

243 (3) [~~Posted~~] posted on the door of the residence of the applicant or
244 licensee[.]; or

245 (4) posted on the door of the tanning facility.

246 (f) *Appeal.* Any person aggrieved by a denial, suspension, or revocation
247 under this [section] Section may file an appeal with the Montgomery
248 County Board of Appeals within [ten (10)] 10 days after receipt of the
249 denial, suspension, or revocation. An order to comply is not appealable
250 under this subsection. The filing of an appeal does not stay an action
251 under this [section] Section unless the action expressly provides for a
252 stay upon appeal.

253 **[51A-15. Penalty] 51A-13. Penalties.**

254 [A person who does not comply with the provisions of this chapter or the
255 regulations adopted under this chapter may be punished for a class A violation under
256 section 1-19] Any violation of this Chapter or any regulation adopted under it is a
257 Class A violation. Each day a violation continues is a separate offense.

258

LEGISLATIVE REQUEST REPORT

Bill 5-16

Tanning Facilities - Amendments

DESCRIPTION:	Bill 5-16 would generally update County law related to tanning facilities and prohibit minors from using tanning facilities.
PROBLEM:	<p>The current laws related to tanning facilities were originally established in 1987 and infrequently amended since then. There have been increased knowledge about the risks of indoor tanning facilities since that time.</p> <p>According to the Centers for Disease Control and Prevention, the use of tanning facilities is particularly dangerous for younger users because people who begin indoor tanning during adolescence or early adulthood have a higher risk of getting melanoma, the deadliest form of skin cancer.</p>
GOALS AND OBJECTIVES:	To protect public health by updating the general laws related to tanning facilities and prohibit minors from using tanning facilities.
COORDINATION:	Department of Health and Human Services
FISCAL IMPACT:	To be requested.
ECONOMIC IMPACT:	To be requested.
EVALUATION:	To be requested.
EXPERIENCE ELSEWHERE:	To be researched.
SOURCE OF INFORMATION:	Amanda Mihill, 240-777-7815
APPLICATION WITHIN MUNICIPALITIES:	Not applicable.
PENALTIES:	Class A violation.



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

TO: Councilmembers
FROM: Councilmember Tom Hucker
DATE: March 1, 2016
RE: Tanning Safety Bill

Today I am introducing legislation that will provide several key health and safety updates to existing Montgomery County law on the operation and use of indoor tanning facilities. One of these updates is to prohibit the use of indoor tanning facilities by minors under the age of 18. I hope you will consider co-sponsoring.

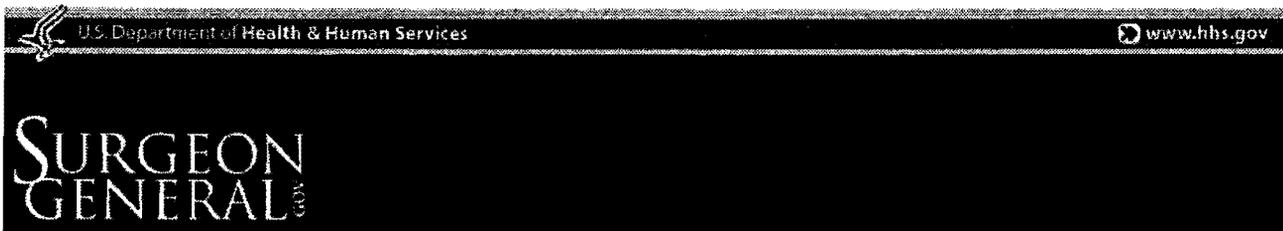
In 2009 indoor tanning devices such as tanning beds, tanning booths, and sun lamps were classified by the World Health Organization as Class I human carcinogens (the same category as cigarettes) on the basis of strong evidence linking indoor tanning to increased risk of skin cancer. Skin cancer is the most commonly diagnosed cancer in the U.S., with melanoma being one of the most common types found in adolescents and young adults. Beginning indoor tanning at a young age increases exposure to harmful ultraviolet radiation and is clearly linked to a higher lifetime risk of cancer. As a result of the indoor tanning industry marketing heavily to young women, a 2011 CDC study showed that 20.9% of all U.S. female high school students had indoor tanned with female 17-year old students at 27.9%.

Montgomery County's tanning regulations were put into place in the 1980's and have not been updated since. I worked with the American Cancer Society to craft this bill to update the existing County law on indoor tanning facilities, taking guidance from the latest scientific research as well as their model statute regulating indoor tanning facilities. Currently minors in Montgomery County under the age of 18 are permitted to use indoor tanning devices when accompanied by a parent or legal guardian. Since indoor tanning has been conclusively shown to increase the risk of skin cancer, our bill would change this, so that minors under the age of 18 can no longer use indoor tanning facilities under any circumstances. This legislation would also supplement the existing County law by requiring tanning devices to have an "off" button that the customer can reach during use, have a remotely located timer so that customers cannot set their own exposure time, and prohibit use by the same customer more than once every 24 hours. This bill would not cover spray tanning facilities or products, so for teens who insist on artificial tanning, that option would still be available.

As of May 2015, 12 states (California, Delaware, Hawaii, Illinois, Louisiana, Minnesota, Nevada, New Hampshire, Oregon, Texas, Vermont, Washington) and the District of Columbia had adopted legislation prohibiting the use of indoor tanning facilities by minors. Many European and Scandinavian countries have laws preventing minors from using indoor tanning

facilities while Brazil and New South Wales, Australia have passed complete bans on all indoor tanning. In 2009, Howard County, Maryland became the first local jurisdiction in the country to ban indoor tanning by minors, followed by Chicago and many others.

Surely we will hear from our County's indoor tanning facilities operators that this change will hurt their businesses. However, scientific research points clearly to the conclusion that indoor tanning devices are dangerous and contribute to higher incidences of skin cancer and that it is especially harmful when initiated at a young age. By law we attempt to shield our children and teenagers under the age of 18 from the harmful health effects of tobacco and non-tobacco smoking products, and we should do same here.



The Surgeon General's Call to Action to Prevent Skin Cancer

Executive Summary

The Surgeon General's Call to Action to Prevent Skin Cancer calls on partners in prevention from various sectors across the nation to address skin cancer as a major public health problem. Federal, state, tribal, local, and territorial governments; members of the business, health care, and education sectors; community, nonprofit, and faith-based organizations; and individuals and families are all essential partners in this effort. The goal of this document is to increase awareness of skin cancer and to call for actions to reduce its risk. The *Call to Action* presents the following five strategic goals to support skin cancer prevention in the United States: increase opportunities for sun protection in outdoor settings; provide individuals with the information they need to make informed, healthy choices about ultraviolet (UV) radiation exposure; promote policies that advance the national goal of preventing skin cancer; reduce harms from indoor tanning; and strengthen research, surveillance, monitoring, and evaluation related to skin cancer prevention.

Skin Cancer as a Major Public Health Problem

Skin cancer is the most commonly diagnosed cancer in the United States, and most cases are preventable.¹⁻³ Skin cancer greatly affects quality of life, and it can be disfiguring or even deadly.^{1,4-6} Medical treatment for skin cancer creates substantial health care costs for individuals, families, and the nation. The number of Americans who have had skin cancer at some point in the last three decades is estimated to be higher than the number for all other cancers combined,⁷ and skin cancer incidence rates have continued to increase in recent years.^{1,8}

Each year in the United States, nearly 5 million people are treated for all skin cancers combined, with an annual cost estimated at \$8.1 billion.⁹ Melanoma is responsible for the most deaths of all skin cancers, with nearly 9,000 people dying from it each year.¹⁰ It is also one of the most common types of cancer among U.S. adolescents and young adults.¹¹ Annually, about \$3.3 billion of skin cancer treatment costs are attributable to melanoma.²

Despite efforts to address skin cancer risk factors, such as inadequate sun protection and intentional tanning behaviors, skin cancer rates, including rates of melanoma, have continued to increase in the United States and worldwide.^{1,12-16} With adequate support and a unified approach, comprehensive, communitywide efforts to prevent skin cancer can work. Although such success will require a sustained commitment and coordination across diverse partners and sectors, significant reductions in illness, deaths, and health care costs related to skin cancer can be achieved.

Although genetic factors, such as being fair-skinned or having a family history of skin cancer, contribute to a person's risk,¹⁷⁻²³ the most common types of skin cancer are also strongly associated with exposure to UV radiation.^{3,24-29} As many as 90% of melanomas are estimated to be caused by UV exposure.^{24,30} UV exposure is also the most preventable cause of skin cancer. The *Call to Action* focuses on reducing UV exposure, with an emphasis on addressing excessive, avoidable, or unnecessary UV exposures (such as prolonged sun exposure without adequate sun protection) and intentional exposure for the purpose of skin tanning (whether indoors using an artificial UV device or outdoors while sunbathing).

UV radiation is a type of electromagnetic radiation emitted by the sun and from some man-made lights, with wavelengths longer than X-rays but shorter than visible light.^{31,32} UV exposure stimulates melanocytes to produce melanin, often resulting in a tan or sunburn, both of which indicate overexposure and damage to the skin, skin cells, and DNA within those skin cells.^{33,34} This damage can lead to cancer. The degree to which UV exposure increases a person's risk of skin cancer depends on many factors, such as individual skin type, the amount and types of sun protection used, whether exposure is constant or intermittent, and the age at which the exposure occurs.^{14,30,35-40} By reducing intentional UV exposure and increasing sun protection, many skin cancer cases can be prevented.^{3,24-29}

For most people in the United States, the sun is the most common source of exposure to UV radiation. UV radiation from indoor tanning devices is a less common but more easily avoidable source of UV radiation exposure than from the sun. Indoor tanning devices, such as tanning beds, tanning booths, and sun lamps, expose users to intense UV radiation as a way to tan the skin for cosmetic reasons. Although reducing UV overexposure from the sun can be challenging for some people, UV exposure from indoor tanning is completely avoidable.

In 2009, the World Health Organization (WHO) classified indoor tanning devices as Class I human carcinogens on the basis of strong evidence linking indoor tanning to increased risk of skin cancer.²⁶ A 2014 meta-analysis estimated that more than 400,000 cases of skin cancer may be related to indoor tanning in the United States each year: 245,000 basal cell carcinomas, 168,000 squamous cell carcinomas, and 6,000 melanomas.⁴¹ Initiating indoor tanning at younger ages appears to be more strongly related to lifetime skin cancer risk, possibly because of the accumulation of exposure over time from more years of tanning.⁴²⁻⁴⁵

The relationship between outdoor UV exposure, vitamin D, and human health is complex. The amount of outdoor sun exposure needed for meaningful vitamin D production depends on many factors, including time of day, time of year, latitude, altitude, weather conditions, a person's skin type, amount of skin exposed to the sun, other individual circumstances, and reflective surfaces, such as snow, water, and sand. Adequate vitamin D can be obtained safely through food and dietary supplements without the risks associated with overexposure to UV radiation.^{46,47} Although all UV exposures can affect skin cancer risk, entirely avoiding UV rays from the sun is neither realistic nor advisable for most Americans. Spending time outdoors is associated with positive health benefits, such as increased levels of physical activity and improved mental health.⁴⁸⁻⁵⁰

Reducing the Risk of Skin Cancer

Most skin cancers are at least partially caused by UV exposure, so reducing exposure reduces skin cancer risk. However, one out of every three U.S. adults has been sunburned in the past year, and most do not take recommended actions to protect themselves from the sun.^{51,52} In addition, indoor tanning rates are high among some

groups, such as young, non-Hispanic white females, and skin cancer incidence rates are increasing. These facts show a need to take action to improve sun protection behaviors and address the harms of indoor tanning.

Individuals can take steps to reduce their risk of developing skin cancer. Sun protection helps prevent the harmful effects of sun exposure, including sunburn, skin cancer, premature skin aging, and eye damage. When used as part of a comprehensive approach, well-tailored, individual-focused strategies may be effective for reaching specific subpopulations.^{53,54} According to WHO's International Agency for Research on Cancer, ideal sun protection involves several behaviors, including wearing tightly woven protective clothing, wearing a hat that provides adequate shade to the whole head, seeking shade whenever possible, avoiding outdoor activities during periods of peak sunlight (such as midday), and using sunscreen (in conjunction with other sun protection behaviors).⁵⁵

There are barriers to using sun protection. Many Americans lack a general knowledge or awareness about the risks associated with sun exposure, or they think they are at low risk of developing skin cancer or sunburn.⁵⁶⁻⁵⁸ Social norms regarding tanned skin as attractive and healthy create barriers to reducing intentional exposure to UV radiation, whether indoors or outdoors. Intentional tanning, which includes both indoor tanning and seeking a tan outdoors, is strongly associated with a preference for tanned skin and other appearance-focused behaviors.⁵⁹⁻⁶² Women in particular may experience greater social pressure to tan and have tanned skin, which likely explains the higher rates of indoor tanning observed among women than men.^{59,63-67}

Sunburns in childhood are a clear risk factor for skin cancers later in life, and building healthy habits early when children are more receptive can lead to increased sun protection into adulthood.^{68,69} Given the amount of time children spend in school settings, much of the skin cancer prevention efforts for children have focused on sun-safety education in schools and changes to the school environment to promote sun-safe behaviors.

Similar to schools, outdoor work settings are an important setting for efforts to prevent overexposure to the sun and reduce skin cancer risk. Research has shown that skin cancer prevention interventions designed to reach outdoor workers can be highly effective at increasing sun protection behaviors and decreasing sunburns.⁷⁰ The Guide to Community Preventive Services (The Community Guide^a) states that sufficient evidence exists to recommend multicomponent, communitywide interventions,^b as well as interventions designed for certain settings (specifically, child care centers, primary and middle schools, outdoor recreational and tourism settings, and outdoor occupational settings).⁷⁰

Intervention strategies that address social and contextual factors have the potential for broad public health impact by making the healthy choice the easy or default choice.⁷¹ Policies, legislation, and regulation are examples of such interventions, reaching wide segments of communities while requiring minimal individual effort compared with interventions directed at individuals.⁷¹

Policies that address skin cancer prevention vary across the country. Only a few states, such as California and New York, have passed legislation requiring that schools allow students to use sun-protective clothing (California) or sunscreen (California and New York) on campus.^{72,73} California law also urges employers to identify and correct workplace hazards connected to UV radiation.⁷⁴

A few states have passed legislation to support sun-safety education programs and skin cancer prevention awareness. Laws in Arizona and New York mandate instruction on skin cancer prevention as part of the health education curriculum in public schools.^{75,76} Kentucky passed a law encouraging skin cancer education in schools.⁷⁷ Some states have policies that reach beyond children as the audience for education and awareness. New York mandates sun-safety education for all state employees that spend more than 5 hours per week outdoors.⁷⁸

Some states and municipalities in the United States have regulations relating to use of indoor tanning devices. Considerable variation exists throughout the country in the strength and enforcement of indoor tanning restrictions, as well as compliance with these restrictions. In October 2011, California passed the most stringent youth access law in the country, which took effect on January 1, 2012, and prohibits indoor tanning for anybody younger than age 18 years.⁷⁹ Since then, Vermont, Nevada, Oregon,⁸ Texas, Illinois, Washington,⁸ Minnesota, Louisiana, and Hawaii have also adopted prohibitions on indoor tanning for minors younger than age 18 years.⁷⁹⁻⁸¹ Currently, at least 44 states and the District of Columbia have some kind of law or regulation related to indoor tanning, including bans on indoor tanning for minors under a certain age (ranging from 14 to 18), laws requiring parental accompaniment or parental permission, or regulations that otherwise reduce harms (such as requiring eye protection).⁷⁹⁻⁸⁵ Indoor tanning laws, particularly those that include age restrictions, appear to be effective in reducing indoor tanning among female high school students, who have the highest rates.⁸⁶

Federal policies, legislation, and regulations can help prevent skin cancer. The U.S. Department of Health and Human Services (HHS) and its agencies play important roles in skin cancer prevention at the federal level. These agencies include the National Cancer Institute in the National Institutes of Health, the Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration (FDA), and the Agency for Healthcare Research and Quality. CDC supports Comprehensive Cancer Control Programs in states, tribes, and territories, many of which conduct activities related to skin cancer prevention. Federal entities outside HHS also address skin cancer prevention, including the Federal Trade Commission, the U.S. Environmental Protection Agency, the National Park Service, and the Occupational Safety and Health Administration.

Sunscreens sold in the United States are governed by FDA as over-the-counter drugs. Regulations identify acceptable active ingredients and dosage strengths, provide language and format for product labels, and establish standardized test methods for determining a product's sun protection factor (SPF), among other requirements. Products that satisfy regulatory conditions are considered to be safe, effective, and truthfully labeled and may be marketed without premarket review and approval by FDA. Products that vary from regulatory conditions may be sold only after FDA review and approval.⁸⁷ Under the FDA regulations, all sunscreen products are labeled for use to help prevent sunburn, and they must state the product's SPF. Sunscreens that pass a separate test for broad spectrum (UVA and UVB) protection may also be labeled as "broad spectrum." In addition, broad spectrum sunscreens with SPF levels of 15 or higher may be labeled as reducing the risk of skin cancer and premature skin aging when used together with other sun protection measures, including limiting time in the sun and wearing long-sleeved shirts, pants, hats, and sunglasses.⁸⁷

FDA also regulates indoor UV tanning devices under separate authorities, both as medical devices and as radiation-emitting electronic products. On May 29, 2014, FDA reclassified indoor tanning devices to Class II medical devices (moderate to high risk).^{88,89} Once the reclassification order is effective, manufacturers will have to include a warning that people younger than age 18 years should not use these devices, receive premarket notification 510(k) clearance from FDA for newly marketed devices, and meet other requirements.⁹⁰

The Surgeon General's Call to Action to Prevent Skin Cancer is informed by international efforts to prevent skin cancer. Other countries have taken a variety of approaches to prevent skin cancer, including community-based, multicomponent interventions, which are recommended by The Community Guide.^{70,91} Data from efforts in Australia provide evidence that sustained funding for a community-level skin cancer prevention initiative can improve health outcomes and result in long-term savings in health care costs.⁹²

Many countries have laws specifically addressing indoor tanning. Brazil and New South Wales, Australia, have passed complete bans on indoor tanning.^{93,94} In addition, as of January 2014, France, Spain, Portugal, Germany, Austria, Belgium, the United Kingdom, Australia, Iceland, Italy, Finland, and Norway prohibit indoor tanning for youth younger than age 18 years.^{93,94}

Gaps in Research and Surveillance

Important strides have been made in skin cancer prevention in the United States, but they have not been sufficient to curb the rising rates of skin cancer incidence. Social and behavioral research can help us better understand some issues, such as ongoing high rates of sunburn despite improvements in sun protection and ongoing high rates of indoor tanning despite evidence that it is a human carcinogen. More information is needed regarding effective message framing and effective policies to promote behavior change. Reliable data are also needed to measure the effect of prevention efforts. Many skin cancer cases are not being captured by current surveillance systems, and current behavioral surveillance systems may not be adequate to track the effect of state and local initiatives, such as indoor tanning legislation for minors.

Calls to Action

This section presents five strategic goals to support skin cancer prevention in the United States. Federal, state, tribal, local, and territorial governments; businesses, employers, and labor representatives; health care systems, insurers, and clinicians; early learning centers, schools, colleges, and universities; community, nonprofit, and faith-based organizations; and individuals and families are all essential partners in this effort. Strategies that change the context or environment to support healthy choices generally have greater reach and are more effective at the population level than strategies focused on individual behavior.⁷¹ This section also provides education and communication strategies, which will likely be most effective if used in conjunction with changes to the social context and environment. Involving partners across disciplines, sectors, and institutions will be essential to addressing the rising incidence of skin cancers in the United States.

Goal 1: Increase Opportunities for Sun Protection in Outdoor Settings

Strategies

- Increase shade in outdoor recreational settings.
- Support sun-protective behaviors in outdoor settings.
- Increase availability of sun protection in educational settings.
- Increase availability of sun protection for outdoor workers.

Goal 2: Provide Individuals with the Information They Need to Make Informed, Healthy Choices About UV Exposure

Strategies

- Develop effective messages and interventions for specific audiences.
- Support skin cancer prevention education in schools.
- Integrate sun safety into workplace health education and promotion programs.
- Partner with health care systems and providers to implement and monitor use of recommended preventive services for provider counseling on skin cancer prevention.
- Establish partnerships between public and private sectors to disseminate effective messages about skin cancer prevention.
- Enhance ongoing engagement of federal partners to advance our nation's skin cancer prevention efforts.

Goal 3: Promote Policies that Advance the National Goal of Preventing Skin Cancer

Strategies

- Support inclusion of sun protection in school policies, construction of school facilities, and school curricula.
- Promote electronic reporting of reportable skin cancers and encourage health care systems and providers to use such systems.
- Incorporate sun safety into workplace policies and safety trainings.
- Support shade planning in land use development.

Goal 4: Reduce Harms from Indoor Tanning

Strategies

- Monitor indoor tanning attitudes, beliefs, and behaviors in the U.S. population, especially among indoor tanners, youth, and parents.
- Continue to develop, disseminate, and evaluate tailored messages to reduce indoor tanning among populations at high risk.
- Support organizational policies that discourage indoor tanning by adolescents and young adults.
- Enforce existing indoor tanning laws and consider adopting additional restrictions.
- Address the risks of indoor tanning with improved warning labels and updated performance standards.

Goal 5: Strengthen Research, Surveillance, Monitoring, and Evaluation Related to Skin Cancer Prevention

Strategies

- Enhance understanding of the burden of skin cancer and its relationship with UV radiation.
- Evaluate the effect of interventions and policies on behavioral and health outcomes.
- Build on behavioral research and surveillance related to UV exposure.
- Quantify the prevalence of tanning in unsupervised locations.

Conclusion

With this *Call to Action*, the U.S. Surgeon General emphasizes the need to act now to solve the major public health problem of skin cancer. To reduce skin cancers in the population, people must get the information they need to make informed choices about sun protection, policies must support these efforts, youth must be protected from harms of indoor tanning, and adequate investments need to be made in skin cancer research and surveillance.

Achieving these goals will not be a small task. It will require dedication, ingenuity, skill, and the concerted efforts of many partners in prevention across many different

sectors. Many of these partners are already enthusiastically involved, but greater coordination and support are needed to increase the reach of their efforts. The goals and strategies outlined in the *Call to Action* are the next steps. We must act with urgency to stop the ever-increasing incidence of skin cancers in the United States.

Footnotes

- ^a The Community Guide is a website that houses the official collection of all Community Preventive Services Task Force findings and the systematic reviews on which they are based.
- ^b Multicomponent, communitywide interventions are defined as interventions that include at least two distinct components that are implemented in at least two different types of settings (e.g., schools, recreation areas) or that reach the entire community (e.g., mass media campaigns).
- ^c State laws in Oregon and Washington allow minors younger than age 18 years to use indoor tanning facilities with a doctor's prescription.

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