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House Judiciary Committee Meeting

Public Hearing on HB369 (Tanning Beds)

205 Ryan Office Building

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Date: Wednesday, June 1, 2011

Reporter: Donna M. McMullen, RMR

## 1 Majority Members:

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3 Representative Ron R. Marsico  
4 Majority Chairperson in House  
5 Judiciary Chair  
6 105th Legislative District, Republican  
7 Dauphin County (part)

8

9 Representative Sheryl M. Delozier  
10 Judicial Committee  
11 88th Legislative District, Republican  
12 Cumberland County (part)

13

14 Representative Bryan Cutler  
15 Judicial Committee  
16 100th Legislative District, Republican  
17 Lancaster County (part)

18

19 Representative Marcy Toepel  
20 Judiciary Committee  
21 147th Legislative District, Republican  
22 Montgomery County (part)

23

24 Representative RoseMarie Swanger  
25 102nd Legislative District, Republican  
Lebanon County (part)

26

## 27 Minority Members:

28 Representative Thomas R. Caltagirone  
29 127th Legislative District, Democrat  
30 Judiciary Committee Chair

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JUDICIARY STAFF COMMITTEE

Ryan Boop, Majority Executive Director

Michael Kane, Majority Legal Counsel

David Tyler, Minority Executive Director

Elizabeth Orazi, Minority Legal Counsel

David McGlaughlin, Minority Research Analyst

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2 P R O C E E D I N G S

3 (11:00 a.m.)

4 REPRESENTATIVE MARSICO: Just so everyone  
5 knows, the videotape is running here, recording this  
6 hearing, so everyone's aware.

7 And so once again, good morning. The House  
8 Bill 369 would amend the Crimes Code to make it a  
9 crime to allow a minor to use an indoor tanning  
10 device. The crime sponsor is here. Good morning.  
11 Representative RoseMarie Swanger, and then we've asked  
12 her to join, and I want to ask you to come up and give  
13 some comments on the bill. And if you can come on up  
14 here to the front. Then you're certainly welcome then  
15 to join the panel if you would like over here with the  
16 committee, okay.

17 REPRESENTATIVE SWANGER: Thank you very  
18 much.

19 REPRESENTATIVE MARSICO: Before we do that,  
20 I want to introduce and have each member introduce  
21 themselves that are present with us today. If we  
22 could start to my right.

23 REPRESENTATIVE CUTLER: Good afternoon.  
24 Representative Bryan Cutler, southern Lancaster  
25 County, 100th District.

1                   REPRESENTATIVE TOEPEL: Representative Marcy  
2 Toepel for the 147th Legislative District, western  
3 Montgomery County.

4                   MR. McGLAUGHLIN: Good morning, everyone.  
5 Dave McGlaughlin, Judiciary Committee staff.

6                   MR. TYLER: David Tyler, Judiciary Committee  
7 staff.

8                   REPRESENTATIVE CALTAGIRONE: Tom Caltagirone  
9 representing the first county, 127th.

10                  REPRESENTATIVE MARSICO: My counterpart  
11 Chair, Representative Caltagirone. I am Ron Marsico  
12 from Dauphin County.

13                  MR. BOOP: I'm Ryan Boop with the Judiciary  
14 Committee staff.

15                  MS. ORAZI: Elizabeth Orazi, Judiciary  
16 Committee staff.

17                  REPRESENTATIVE MARSICO: Representative  
18 Swanger, go ahead and make your comments.

19                  REPRESENTATIVE SWANGER: Yes. Thank you,  
20 Chairman Marsico. As you said, my name is RoseMarie  
21 Swanger. I am a Representative from House District  
22 102, which is a great portion of Lebanon County.

23                  Chairman Marsico, Chairman Caltagirone and  
24 committee members, thank you for agreeing to hold this  
25 hearing on my bill and for the opportunity to address

1           you this morning. I'm here today as prime sponsor of  
2           House Bill 369, which is legislation that would  
3           prevent any business from allowing persons under the  
4           age of 18 from using indoor tanning devices. I didn't  
5           have to look very far to find the impetus for this  
6           bill, and now I'd like to introduce you to my  
7           sister-in-law, Sharon, who I will tell you about in a  
8           minute. Stand Sharon.

9                         Sharon Swanger is the miracle in our family.  
10           In August of 2002, she saw a dermatologist to have her  
11           skin examined, and there was a suspicious mole at that  
12           time, and after it was sent away, the results came  
13           back that, indeed, it was cancerous. So the doctor  
14           removed it and thought that he got all of the  
15           cancerous cells because his exact words to her were,  
16           "I think we got the horse before it left the barn."  
17           Well, low and behold, we later found out he did not,  
18           because in July of 2008, she was rushed to the Hershey  
19           Medical Center, and after testing got the bad news  
20           that she indeed had Stage IV melanoma, which is very  
21           often a death sentence. And to tell you the truth, I  
22           feared that we would lose her; that she wouldn't make  
23           it through. But she was very determined, and I think  
24           her attitude and the attitude of so many cancer  
25           patients is of prime importance in beating this

1 disease, because she said, "I'm not going to let it  
2 get me. I'm going to see my children get married.  
3 I'm going to see my grandchildren, and I'm going to  
4 slay this beast." And, indeed, she for now three  
5 years has been cancer-free. Her third anniversary  
6 will be coming up in August thanks to the wonderful  
7 treatment she received at the Hershey Medical Center,  
8 her outstanding physicians, some of whom will testify  
9 later in this hearing.

10 According to last year's publication entitled  
11 *Cancer Epidemiology, Biomarkers and Prevention*, people  
12 who have ever used tanning machines were 74 percent  
13 more likely to develop melanoma than others.

14 Co-author Martin Weinstock of Brown University School  
15 of Medicine states, those who tanned the most for ten  
16 years or more had more than twice the risk of melanoma  
17 compared with people who have never used tanning beds.

18 Many of us in our younger years enjoyed  
19 sunning ourselves at the beach in the hope of  
20 achieving that golden glow. People who did so and had  
21 that color to their skin were often described as  
22 looking and perceived to be healthier, but we are now  
23 finding that description to be anything but accurate.

24 In this era of get-it-done-now, the current  
25 generation has found a way to circumvent even the day



1 at the beach by lying in a tanning bed. While these  
2 beds cannot replace a peaceful day at the sea, what  
3 they have been able to effectively replicate is the  
4 sun's harmful rays. What you're about to hear is  
5 testimony as to why House Bill 369 should be  
6 considered and eventually become law.

7 There is one person I need to mention who  
8 could not be with us today, but I'm hoping is watching  
9 this hearing through my website. Monday afternoon a  
10 woman named Donna Helm Regen posted a video on my  
11 legislative Facebook page. Donna lives in Allen,  
12 Texas and recently got word of my legislation. She  
13 offered her support and wanted to know what she could  
14 do from afar. I'd like to show you that video right  
15 now.

16 (Playing video.)

17 REPRESENTATIVE SWANGER: As you can see from  
18 the dates in that video, her daughter was only 30  
19 years old when she passed away from melanoma. Donna,  
20 if you are watching, we're sorry for your loss, and  
21 we'll do what we can to prevent this from happening  
22 to others here in Pennsylvania.

23 Members of the committee, I appreciate your  
24 taking the time to hear from the following testifiers,  
25 and I hope that I will be before you in the very near

1 future to have this legislation taken up by the House  
2 Judiciary Committee. In that vein, I do need to  
3 mention one thing: I want to assure you that if this  
4 bill is considered in committee, I intend to offer an  
5 amendment to change the penalty from criminal to  
6 civil. Violators should be fined and at some point  
7 lose their license, but I don't intend for anyone to  
8 go to jail for such a violation.

9 Thank you again, and I will take any  
10 questions that you may have.

11 REPRESENTATIVE MARSICO: I want to  
12 acknowledge Representative Sheryl Delozier from  
13 Cumberland County who joined us. Good morning. Do  
14 any members have questions of Representative Swanger  
15 at this point in time? A question? Yes, David.

16 MR. McGLAUGHLIN: You mentioned that you  
17 were going to offer an amendment to change it to a  
18 civil penalty, is that correct?

19 REPRESENTATIVE SWANGER: Yes.

20 MR. McGLAUGHLIN: This is a Title 18 Bill  
21 where we rewrite the bill entirely and put it in a  
22 different title perhaps?

23 REPRESENTATIVE SWANGER: Yes, to a civil  
24 penalty, yes. It was my oversight. I was expecting  
25 the bill to go to the Health Committee, and when I

1 found out it was going to judiciary, I discovered  
2 that the penalty was, in fact, criminal. So I  
3 understand that this bill will possibly have to be  
4 referred to another committee, but I'm here now, and  
5 I want to just assure you that was my intention.

6 MR. McGLAUGHLIN: Okay. May I ask a  
7 technical question on the bill?

8 REPRESENTATIVE SWANGER: You may. I hope I  
9 can answer it.

10 MR. McGLAUGHLIN: Since we're offering an  
11 amendment, there's just a couple of things that when  
12 we meet, the staff, and have some concerns.  
13 Unfortunately I didn't have time to meet, so I wonder  
14 if we can address them in the amendments. On line 11  
15 of the bill.

16 REPRESENTATIVE SWANGER: Okay.

17 MR. McGLAUGHLIN: We use the word permits.  
18 Are we thinking like of intentionally permits,  
19 knowing, should have known? What level of permit are  
20 we speaking to in this language?

21 MS. SWANGER: Well, it is my hope that when  
22 a young person goes to a tanning salon and as tanning  
23 salon operators should be aware of this legislation,  
24 they will require proof of age.

25 MR. McGLAUGHLIN: Okay.

1 MS. SWANGER: So if they don't do that and  
2 would allow a person under 18 to do, to do the  
3 tanning they would, of course, be in violation and  
4 subject to penalty.

5 MR. McGLAUGHLIN: Okay. And forgive me, I  
6 mean the utmost respect. What if I am, what if I own  
7 a home and I have an indoor tanning device in my own  
8 home and I'm away for the weekend and say my daughter  
9 brings someone in to use that device, am I  
10 permitting...

11 MS. SWANGER: This is aimed at businesses.

12 MR. McGLAUGHLIN: Okay. Okay, fair enough.  
13 Thank you. Thank you very much, ma'am.

14 MS. SWANGER: Sure.

15 REPRESENTATIVE MARSICO: Any other questions  
16 by members, staff? Okay, Representative, we're going  
17 to -- you're certainly welcome to join us up here,  
18 okay.

19 We're ready for the testimony now from the  
20 panels. We've divided the speakers into four panels.  
21 I ask that each of our speakers and each panel limit  
22 their comments to five minutes or less, and then after  
23 each speaker on the panel completes their testimony  
24 we'll then open it up for questions. I also would ask  
25 the members of the committee to limit their questions.

1           The last time we went to one question and that sort of  
2           worked out until the chair -- well, some of the  
3           members got a little carried away with that. So I'm  
4           just asking you to at least keep that in mind. We  
5           want to -- we have a time frame here. I think until  
6           12:45, so if everyone can certainly abide by those  
7           guidelines, I'd appreciate it.

8                         Now, our first panel will be -- certainly  
9           you're welcome to come up here. We probably need to  
10          have some more chairs up here. If we can arrange  
11          those chairs, the chairs up here. The first panel is  
12          Renee Folk, a melanoma cancer survivor. You're  
13          certainly welcome to come up, Renee. Amy Silvis, also  
14          a melanoma cancer survivor. And Kaitlyne Kline,  
15          Miss Laurel Highlands' Outstanding Teen, 2011.  
16          Congratulations to you. Welcome. And also -- I think  
17          the three of you, right? Is that right? Okay.  
18          Miss Folk, I believe you're up first, and if you'd  
19          like to begin, go right ahead.

20                        MS. FOLK: My name is Renee Folk and at the  
21          age of 32 I can say that I'm a proud melanoma  
22          survivor.

23                        REPRESENTATIVE MARSICO: Is your microphone  
24          on? Is there a green button --

25                        MS. FOLK: Yeah, a green button.

1                   REPRESENTATIVE MARSICO: -- or green light?  
2                   Come up a little closer if you could. Thanks.

3                   MS. FOLK: Is that better?

4                   REPRESENTATIVE MARSICO: That's better.  
5                   Much better.

6                   MS. FOLK: My name is Renee Folk, and at the  
7                   age of 32 I can say that I'm a proud melanoma cancer  
8                   survivor. I started to use indoor tanning beds at  
9                   the age of 16. I was never ever told of the dangers  
10                  that I may incur from using indoor tanning beds. In  
11                  fact, I was told that it was better and safer than  
12                  tanning in the sun. I was informed that the UV rays  
13                  from indoor tanning beds were much safer than the  
14                  sun. I was also informed that it was better to get a  
15                  base tan before you actually do go in the sun.

16                 I used indoor tanning beds almost four months  
17                 of the year, five days a week, all the way up to my  
18                 diagnosis at the age of 28. I didn't realize that  
19                 each time I got into the tanning bed I was playing a  
20                 potentially deadly game of Russian roulette.

21                 I had a mole on the top of my head that I had  
22                 biopsied by Dr. Dowd at the Williamsport Hospital. On  
23                 my 28th birthday I got the call that literally made my  
24                 knees go weak and that would change my life forever.  
25                 Dr. Dowd informed me that I had Stage II malignant

1 melanoma. Her exact words were if I did not get it  
2 treated, I would be dead in three years. That started  
3 my journey of going to Danville Medical Center for  
4 many trips on an almost daily basis to the oncologist,  
5 general surgeon and plastic surgeon. In fact, I was  
6 still tanning at an indoor tanning bed when I went for  
7 my first visit to the doctors. I was somewhat in  
8 denial at that point in time; that is, until  
9 Dr. Bertsch, my general surgeon, literally screamed at  
10 me, "Do you not realize what you have can kill you?"  
11 Having a doctor full of rage and concern and  
12 compassion yelling at you can snap you into reality  
13 very quickly, I must say. Being so young and having  
14 such an advanced form of skin cancer, all my doctors,  
15 including my dermatologist, firmly believed that my  
16 use of indoor tanning beds played a major role in my  
17 diagnosis.

18 On September 20, I first went in for lymph  
19 node mapping. They stuck six large needles full of  
20 radioactive dye in the mole on my head to find what  
21 lymph nodes went to the mole on my head. That, I must  
22 say, was an extremely painful and unpleasant process.  
23 Then I went in for a six-hour surgery to remove the  
24 mole on my scalp and a large portion around it. This  
25 also involved the removal of two lymph nodes. I ended

1 up with 160 stitches in my head and 80 in my neck.  
2 Since then I have permanent nerve damage from the  
3 removal of those lymph nodes. My melanoma did not  
4 only affect me, it affected everyone around me. My  
5 mother would weep in private because it was so hard  
6 and painful to watch me, her youngest daughter, her  
7 baby, to have to fight cancer. I would go to her  
8 after each doctor visit. I would cry and weep over  
9 the fears that I had, yet in front of me my mother had  
10 to remain strong. It affected my boyfriend at the  
11 time, (the one who had found the mole on my head) to  
12 watch the girl he loved have to go through everything  
13 that I did. It had an affect on everyone in my family  
14 and every single one of my friends.

15 So, yes, you must remember melanoma -- well,  
16 cancer in general, has an affect on not just the one  
17 who has cancer, but everyone that they have in their  
18 lives.

19 I will be celebrating five years of being  
20 cancer-free this July 25th, yet the effects of having  
21 been in those tanning beds still haunt me. The  
22 doctors informed me since I was diagnosed at such a  
23 young age the likelihood of me getting it again is  
24 significant. The fear has stopped me from wanting to  
25 have any children. I do not want any child of mine to



1 have to one day watch me go through what I went  
2 through before, or to possibly watch me die from  
3 melanoma. And, yes, melanoma does kill. Every time I  
4 get a biopsy done and they find a suspicious mole, I  
5 am on pins and needles until I get that call back that  
6 everything came back okay. I so desperately wish I  
7 could go back in time and tell my16-year-old self not  
8 to go to those indoor tanning beds. I would tell  
9 myself that one day the results of getting into those  
10 tanning beds would be cancer, and it would change the  
11 rest of my life.

12 So, yes, I desperately feel that this bill  
13 should be passed. It is greatly needed! I truly  
14 believe the use of indoor UV tanning facilities should  
15 be banned for minors under the age of 18. Minors are  
16 not aware of the long-term effects that indoor tanning  
17 has on their bodies. There is not enough awareness  
18 and education for our youth to make the right  
19 decision. This is why a law should be passed to  
20 prevent minors from even having the opportunity to  
21 damage their body. No one, especially young teenagers  
22 and adults like myself, should have to go through the  
23 extreme physical and emotional burden that skin cancer  
24 creates. I strongly believe our youth should be  
25 protected from the many dangers indoor tanning causes.

1 Thank you.

2 REPRESENTATIVE MARSICO: Miss Silvis.

3 MS. SILVIS: Mr. Chairman, committee members  
4 and guests. My name is Amy Silvis, and I want to  
5 thank you for allowing me the opportunity to speak to  
6 you today. As a melanoma survivor, I am a passionate  
7 advocate for the prevention of skin cancers and  
8 strongly disapprove of indoor tanning devices. For  
9 without them I believe that I would have been spared  
10 the tragedy of battling Stage III melanoma.

11 For many people, January 23, 2009 was just  
12 another day. For me it is a day that I will never  
13 forget. A phone call early that morning from my  
14 dermatologist changed my life forever -- a mole biopsy  
15 taken just two days prior revealed a malignant  
16 melanoma. At 28-years-old, I had just learned that my  
17 diagnosis was cancer. Please let me be clear. I did  
18 not get to this point by making smart choices with  
19 regard to the health of my skin. I am as guilty as  
20 the next person for not always protecting my skin from  
21 sun exposure outdoors, and I used tanning beds  
22 throughout my early 20s. I regret every minute I  
23 spent frying my skin with UV radiation.

24 Biologically speaking, I am a walking risk  
25 factor for melanoma: Blond hair, blue eyes, and the

1        palest skin tone dotted with freckles and moles. As a  
2        teenager and a young adult, I never thought twice  
3        about it. Society and peer pressure said that to look  
4        "right" I needed to be tan. My family tried to warn  
5        me about the dangers of tanning, especially when I  
6        began to use tanning beds at the age of 20, but I  
7        chose to ignore them. Once I got past the initial  
8        sunburn that never failed to appear in my first few  
9        tanning sessions, I would begin to develop that golden  
10       brown glow. Looking tan was healthy, right? The more  
11       times I went tanning the better I felt. I wanted the  
12       color to become even deeper. I never looked tan  
13       enough. Looking back at pictures of myself at that  
14       point in time, however, I cannot help but criticize at  
15       how unnatural my skin appears. I went from tanning  
16       just a few times over a matter of weeks to tanning  
17       several days in a week. The salons never discouraged  
18       me from it, despite my natural pale skin. Why would  
19       they? Each time I visited them they were making  
20       sales.

21                I am a Pennsylvania native growing up in the  
22       small town of Bradford in McKean County. After  
23       graduating college in 2003, I moved to the Washington,  
24       DC area to attend grad school and begin my  
25       professional career as a computer forensic

1 investigator. Five years later, I moved to south  
2 Florida for brighter days and warmer weather. Just  
3 four months after I arrived, I noticed that a mole on  
4 the back of my left shoulder -- one that had been  
5 there since birth -- had started to change in  
6 appearance. It was getting larger in size, changing  
7 from a uniform brown color to red and black and the  
8 borders were asymmetrical. Instinct told me that  
9 something was terribly wrong. The reality was that I  
10 did not have health insurance so there was no possible  
11 way to have a medical professional check it out.

12 After leaving my job in DC, I paid COBRA  
13 premiums to keep my health insurance until I found new  
14 employment. What I did not anticipate was a tanking  
15 economy and rising unemployment rates. At a cost of  
16 almost \$500 per month and no income, I could no longer  
17 afford the COBRA premium. I was a healthy young woman  
18 with no chronic medical conditions, so I decided to  
19 drop the insurance in August of 2008.

20 After several months and hundreds of job  
21 applications, I was finally offered a job with health  
22 insurance benefits on my 28th birthday -- October 13,  
23 2008. I made an appointment with a primary care  
24 physician so that he could refer me to a  
25 dermatologist, if necessary. The physician took a

1 look at my worrisome mole and told me, yes, it should  
2 be looked at by a dermatologist, but he did not  
3 believe it was melanoma. This eased my fears  
4 somewhat, so I decided to hold off on making that  
5 appointment to have my skin checked. By December the  
6 mole had gone from bad to worse. It was now  
7 ulcerated, cracked and bleeding, and no amount of home  
8 topical treatment would make it heal. I began to  
9 panic and called a dermatologist. She could not get  
10 me in for an appointment until mid January, 2009.

11 On January 21st, 2009, I finally saw the  
12 dermatologist. She took one look at the mole and said  
13 it needed to be biopsied immediately, along with  
14 another mole in the middle of my back that I was  
15 completely unaware of. Two days later, while making  
16 breakfast, my cell phone rang. The caller I.D.  
17 indicated it was my dermatologist. Deep down I knew  
18 what she was calling to tell me, and I froze in fear.  
19 I let it go to voice mail while I gathered my courage  
20 to face the news I was about to hear. A few minutes  
21 later I forced myself to listen to the message: "Amy,  
22 this is Dr. Siperstein. Please call me as soon as you  
23 get this message. It's very important I speak to  
24 you." I took a deep breath and called her back. She  
25 had the results of my biopsies. The mole removed from

1 the middle of my back was atypical, but benign.  
2 However, the mole from my left shoulder was a  
3 malignant melanoma. She went on to tell me about a  
4 surgical oncologist that she was referring me to for  
5 followup, but I was now in a state of shock.

6 We hung up the phone and I went about my  
7 business. I stepped into the shower when it suddenly  
8 hit me. I thought to myself, "Did she just say I have  
9 cancer? I can't have cancer. I'm too young." I  
10 collapsed right there in the shower tears pouring from  
11 my eyes. Oh, my God, I have cancer. I had no support  
12 system in Florida, no family, and only a few friends  
13 that I had just recently met.

14 My mom, sister and best friend flew down from  
15 Pennsylvania to be with me while the oncologist ran  
16 multiple tests to determine the extent of the  
17 melanoma. After a PET scan, CT scan, chest x-ray,  
18 blood tests, surgical incisions on the primary tumor  
19 and a sentinel node biopsy, my cancer was diagnosed as  
20 Stage III melanoma. The primary tumor was four  
21 millimeters thick and the sentinel node biopsied  
22 tested positive for cancer.

23 With these results, I made the decision to  
24 move back to Pennsylvania and live with my parents.  
25 There was no possible way I could undergo treatment

1 while living on my own 1,500 miles away from my  
2 biggest support system. My surgical oncologist in  
3 Florida referred me to Roswell Park Cancer Institute  
4 in Buffalo, New York for ongoing treatment. Shortly  
5 after I arrived home, I went back into surgery for a  
6 complete left axillary node dissection. 70 lymph  
7 nodes were removed from under my left arm, back and  
8 chest. Thirty-two of those nodes tested positive for  
9 cancer. My diagnosis became more specific: Stage  
10 III-C melanoma and was elevated to a very high risk.

11 Following surgery, I underwent 23 radiation  
12 treatments and 12 months of immunotherapy which  
13 involved taking the drug Interferon Alpha-2B. I  
14 completed the entire year-long course of Interferon,  
15 but not without significant adverse effects. I  
16 developed hyperthyroidism which triggered cardiac  
17 problems: Atrial flutter and tachycardia, significant  
18 weight loss and loss of all my long hair. I developed  
19 psoriasis on my scalp and severe joint pain that was  
20 the early onset of rheumatoid arthritis. The silver  
21 lining is that these effects were all autoimmune  
22 responses to the Interferon -- a positive indication  
23 that I will survive this melanoma.

24 I completed my treatment in July of 2010, and  
25 I am happy to report that all subsequent scans and

1           checkups indicate that I am cancer-free! While I  
2           celebrate my survivorship, there is also a lingering  
3           fear that at any time the cancer could come back. I  
4           fear the sun that I once worshiped, and I feel anger  
5           every time I pass a tanning salon or hear that  
6           somebody is going tanning.

7                        My body is still recovering from the 18  
8           months of torture it had to endure. My hair is slowly  
9           growing back, my incisions have healed, and I am no  
10          longer being poked by needles every single day.  
11          However, the five-inch scar on my left shoulder and  
12          multiple scars from incisions and drains under my left  
13          arm remain. Thanks to the high doses of radiation to  
14          my left shoulder, I actually have a permanent tan  
15          because the radiation not only killed the cancer, but  
16          it damaged my healthy skin cells, too. It created  
17          thick scar tissue which makes my underarm feel like a  
18          rock because the radiation area included some breast  
19          tissue. I am now at high-risk for developing breast  
20          cancer, and I must get annual mammograms at the ripe  
21          old age of 30. Removal of so many lymph nodes has put  
22          me at a lifetime risk of developing lymphedema in my  
23          left arm. I wear a medical alert bracelet because I  
24          can no longer have blood pressure, injections or  
25          intravenous access completed on that arm.



1                   Just recently I received a minor bite wound  
2                   on my left hand from our new four-month old Boxer  
3                   puppy. Under normal circumstances, it would not  
4                   require a trip to the emergency room; however, because  
5                   an infection could trigger the chronic swelling of  
6                   lymphedema, I found myself sitting in our local  
7                   immediate-care facility having my hands scrubbed with  
8                   an antiseptic cleanser, covered in antibiotic ointment  
9                   and wrapped in ridiculous amounts of gauze for  
10                  something that should have only needed a small  
11                  adhesive bandage. I left with a prescription in hand  
12                  for oral antibiotics as a prophylaxis for any possible  
13                  infection. When I reach my one-year anniversary of  
14                  completing treatment this coming July, I will have to  
15                  undergo surgery one more time to have the medical port  
16                  removed from my right chest wall.

17                  Despite all the pain and suffering I have  
18                  endured, I still thank God every day that I am alive  
19                  and for giving me a second chance to use my experience  
20                  as a gift to others. I have made life-changing  
21                  decisions as a result of surviving cancer. I have  
22                  returned to school to become a registered nurse, and I  
23                  plan to specialize in oncology so that I may help and  
24                  support future cancer patients as my nurse did for me.  
25                  I use my story as a melanoma survivor to educate the

1 public on the importance of protecting your skin and  
2 the dangers of tanning. I have spent numerous hours  
3 in my local schools to educate our children on sun  
4 safety and skin cancer prevention. I cannot change  
5 the past, but, in hindsight, I wish I had never used a  
6 tanning bed. I hope I live to see the day that indoor  
7 tanning devices disappear altogether, and I will  
8 advocate against them for as long as I am on this  
9 earth and have a voice.

10 I am in full support of House Bill 369,  
11 amending Section 6911 of Title 18, and urge you, as  
12 elected representatives of this Commonwealth, to pass  
13 this bill into law and spare our children from ever  
14 having to experience melanoma like I did. Thank you.

15 REPRESENTATIVE MARSICO: Miss Kline.

16 MS. KLINE: Good afternoon. My name is  
17 Kaitlynn Kline. I am currently Miss Laurel  
18 Highlands' Outstanding Teen, 2011.

19 When I first began competing in pageants  
20 three years ago, I was asked to select a platform or a  
21 public issue that I was passionate about. Around the  
22 same time I was competing in pageants, my 26-year-old  
23 cousin Josh was just beginning his radiation treatment  
24 for Stage III malignant melanoma. He had to endure  
25 many radiation treatments as well as reconstructive

1 ear surgery. Because Josh and I were so close, I knew  
2 exactly what my platform was going to be: Skin cancer  
3 awareness. I wanted to share my stories and  
4 information about the effects of skin cancer. I've  
5 created an acronym, "AWARE," to help people protect  
6 themselves when outdoors enjoying the sun and how to  
7 recognize early warning signs that need to be  
8 discussed with one's doctor.

9 I've seen firsthand the devastating effects  
10 that this disease has had on my family. Later in that  
11 same year, my aunt was diagnosed with malignant  
12 melanoma. She then was checked for other cancerous  
13 moles. The doctors discovered several, which were  
14 then all removed. My grandmother developed basal cell  
15 and squamous cell skin cancer. She, like my aunt, has  
16 had several spots removed over the course of the last  
17 two years. Both my aunt and my grandmother were heavy  
18 tanners starting at a very early age. My grandmother  
19 loved tanning so much that she even bought her own  
20 tanning bed. My grandmother and aunt would tan every  
21 day and even lay out in the sun in the summer when  
22 they weren't in the tanning bed. My grandmother is  
23 very fortunate that she did not get melanoma.

24 However, my aunt isn't so lucky. Both of them are  
25 very cautious when out in the sun now. Unfortunately

1 for Josh, my aunt and my grandmother, they had to  
2 learn this lesson the hard way. Skin cancer is one of  
3 the most preventible types of cancers, yet it is the  
4 most common form of cancer.

5 Skin cancer is a rising problem in the United  
6 States. If we don't promote proper skin protection  
7 soon many will suffer because of the lack of  
8 knowledge.

9 This year alone the American Cancer Society  
10 estimates that more than 68,000 new cases of malignant  
11 melanoma and two million cases of basal cell and  
12 squamous cell skin cancers will be diagnosed.  
13 Approximately 8,700 Americans will die of melanoma and  
14 2,000 will die from non-melanoma skin cancers. These  
15 numbers will continue to grow if we don't put a stop  
16 to them by getting the word out about the harms of  
17 tanning.

18 I am 17-years old, and as I sit here in front  
19 of you, I cannot legally buy alcohol, cigarettes, or  
20 tobacco. These items are prohibited to be used by  
21 anyone under the age of 18 because of the possible  
22 consequences associated with their use. Tanning beds  
23 can have very serious repercussions as well. Where is  
24 it right that we let young adults or their legal  
25 guardians make a choice like this?

1           As representatives of this Commonwealth, it  
2           is your responsibility to protect our youth by passing  
3           House Bill 369. Thank you for the honor and great  
4           opportunity to speak on behalf of my platform and  
5           House Bill 369. Thank you for your time.

6           REPRESENTATIVE MARSICO: Thank you.  
7           Questions, members, staff? Representative Cutler?

8           REPRESENTATIVE CUTLER: Thank you, Mr.  
9           Chairman. And I don't -- first of all, ladies, thank  
10          you for your testimony. We are certainly very  
11          appreciative. It's always good to have firsthand  
12          patient information as we address these issues. And  
13          I'm not sure if my question is more properly  
14          addressed to the ladies who previously tanned or the  
15          prime sponsor of the bill.

16          But, Kaitlynn, the list that you provided  
17          there at the end I thought was very good: Alcohol,  
18          cigarettes, tobacco. All of those carry warnings, and  
19          it seems it's as much of an education issue as it is a  
20          safety issue. And particularly I think, Amy, in your  
21          case, you were 20, so I don't know that the law would  
22          have necessarily applied to you.

23          Are there currently any warnings in place  
24          when you go to tan? And I guess the question is if  
25          not, why not? Did any of you ever receive warnings?

1 MS. FOLK: There was no warning. I was 16  
2 when I started. There was no warning. Actually, I  
3 was told that it was safer to go in a tanning bed  
4 than to be out in the regular sun.

5 REPRESENTATIVE CUTLER: Okay. Thank you. I  
6 appreciate it. I certainly think as we advance this  
7 issue that might be something else we want to look  
8 at, and I'll talk to the representative afterwards as  
9 well because I'm not sure it's just the youth that  
10 can be affected by it, and if it's an issue of  
11 awareness, I certainly think there should be some  
12 kind of additional education that takes place with  
13 this as well. So thank you.

14 REPRESENTATIVE MARSICO: Any other  
15 questions, members, staff? Well, thank you very much  
16 for coming today. I appreciate your personal stories  
17 and your courage to come here and tell us about your  
18 personal issues and problems with this. And thanks  
19 for your commitment as well as we advance this issue  
20 forward. Okay, thank you.

21 MS. KLINE: Thank you.

22 REPRESENTATIVE MARSICO: The next panel with  
23 us today, if you want to come up and join the front  
24 of the table, please. Thank you. I think there's  
25 two. I have three listed, but I'm going to take a

1 guess here we have Dr. Gavin Robertson.

2 DR. ROBERTSON: Yes.

3 REPRESENTATIVE MARSICO: Who is a Professor  
4 of Pharmacology, Pathology, and Dermatology and  
5 Surgery at Penn State University. Welcome. And also  
6 Dr. Rogerio Izar Neves. Is that close?

7 DR. NEVES: That's close.

8 REPRESENTATIVE MARSICO: Associate Professor  
9 of Surgery, Dermatology, Pharmacology and Medicine,  
10 Deputy Director at Penn State Hershey Melanoma  
11 Center. Welcome, and you may begin, Dr. Robertson.

12 DR. ROBERTSON: Thank you. So I am a  
13 professor at Penn State University, a basic  
14 scientist, and have 25 years experience in studying  
15 melanoma. So what causes it, the effects of UV light  
16 on these cells and how it happens? So what I'm going  
17 to tell you, really, is what tanning beds do, and my  
18 clinical colleague will provide the clinical  
19 perspective.

20 And another role that I perform at Penn State  
21 University is Director of the Melanoma Center. We see  
22 about four and a half million patients in the central  
23 part of Pennsylvania, essentially between Pittsburgh  
24 and Philadelphia, so that's our population pool. As  
25 you know, many of them are aging and with aging you

1 get more melanoma skin cancers.

2 So what do we do? Essentially through the  
3 Melanoma Center at Penn State, we're identifying new  
4 approaches to treat this disease, and unfortunately I  
5 say "treat" because by the time we see many of our  
6 patients, they have advanced stage disease where the  
7 disease is disseminated around their body, in the  
8 lungs, the lymph -- the brain, the liver, and many  
9 times it's really a band-aid to try to prolong their  
10 life unsuccessfully. So there's not very many good  
11 therapies available for advanced stage patients.

12 So like any cancer, prevention is the best  
13 cure. And so the major preventive agent out there  
14 right now is sunscreen or sunblock. So what does this  
15 do? So sunscreen and sunblock, essentially you rub it  
16 onto your skin and it forms a physical barrier that  
17 prevents UV rays from actually penetrating and  
18 damaging the skin cells that lead to not just  
19 melanoma, but other types of cancer.

20 So if you look at skin cancer as a whole,  
21 there are about a million skin cancers diagnosed in  
22 the U.S. Fortunately, very few are melanomas. About  
23 50 to 60,000 are melanomas. However, if you look at  
24 the death rates from skin cancer, about 80 percent are  
25 directly linked to melanoma. So most of these other



1 skin cancers: Basal cell, squamous cell essentially  
2 invade locally, but don't disseminate through your  
3 body. Melanoma does. So it's clearly the most  
4 dangerous of these cancers.

5 So what causes melanoma and how do these  
6 tanning beds contribute to this? Well, if you look at  
7 sunlight, right, what's dangerous in sunlight is UV  
8 rays. There are three types of rays: UVA, UVB, and  
9 UVC. UVC is a very short wave length and essentially  
10 it's quickly called out in the higher levels of the  
11 atmosphere. So it's UVA and UVB that get down here.  
12 So when you're out in a beautiful day like today and  
13 you get sunburn, essentially it's primarily caused by  
14 UVB. UVA is a little -- a longer wave length and it  
15 causes damage, too. So if you've seen very wrinkled  
16 people, essentially UVA is a direct cause of this  
17 wrinkling. It really damages the elastic fibers in  
18 your skin, and now it's been shown to actually cause  
19 DNA damage that can lead to melanomas and other types  
20 of cancers.

21 So what are tanning beds? Well, tanning beds  
22 don't use UVC because it's the most dangerous.  
23 Fortunately it doesn't reach us here on earth. They  
24 don't use UVB because if you use UVB essentially  
25 you're going to come up with this red color, and

1 that's not good in terms of selling these beautiful  
2 young people you see in magazines that have these  
3 tans, which promote our teenagers from actually going  
4 to tanning salons. So what these tanning beds emit is  
5 UVA.

6 So in the research environment, we have ways  
7 of producing UV, right. We have UV bulbs, right, and  
8 you see them as blue light that essentially the bulbs  
9 are tinted, so everyone is familiar with kind of what  
10 they should look like. But we also have a solar  
11 simulator, so it's essentially a very expensive piece  
12 of equipment that makes sunlight. And if we expose  
13 cells to just this, it essentially takes a long time  
14 for them to actually get damaged, but the UV bulbs  
15 very quickly can cause a similar amount of damage.  
16 And the UVA, right, which doesn't cause sunburn, a  
17 person can be sitting under this and get severe damage  
18 without even knowing they are getting sunburn. And so  
19 a lot of our kids don't realize this. And they're  
20 immortal and they go out there.

21 So why is this important? A fair amount of  
22 literature suggests that your lifetime exposure to UV,  
23 right, if you measure how much you get over your  
24 entire lifetime, by age 18 you get 80 percent of your  
25 UV exposure. 80 percent, right. If we can do

1 something to prevent your exposure up to 18, clearly  
2 you can help prevent skin cancers that develop in the  
3 20s, the 30s and in later life.

4 And so what is this damaging UV rays do?  
5 Essentially they penetrate the skin, right, and they  
6 hit these cells in the skin called melanocytes. And  
7 the function of these cells is to protect us, a lot  
8 like sunscreen. So when these UV rays hit them it  
9 stimulates them to produce melanin and the melanin is  
10 distributed through these cells, which kind of look  
11 like an octopus in the skin, and it goes through these  
12 arms. And essentially this melanin is deposited in  
13 our skin, and it actually acts like a sunblock, right.

14 So what happens? When you go out and get a  
15 sunburn, essentially the UV comes into your skin. It  
16 causes damage of the DNA, right. This damage of the  
17 DNA causes mutations that can lead to skin cancer. In  
18 addition to that, it deregulates proteins itself that  
19 perform functions in cells, and most recently it's  
20 been shown to actually interact with the other cells  
21 surrounding the melanocytes and some of our immune  
22 cells to actually promote skin cancer.

23 So there's a fair amount of evidence really  
24 supporting the damage that's caused. So my sister  
25 used a tanning bed, and I have aunts that used it.

1 They're in their house, right. There's really no way  
2 of controlling the amount. Bulbs wear out with time.  
3 As was mentioned already, you know, people that  
4 shouldn't be using them can't come in and use them.

5 Essentially, it's estimated that about  
6 18 million girls use suntanning beds today, right.  
7 Not just girls, but boys, right. So they see these  
8 pictures in magazines of young kids semi-clad with  
9 beautiful brown tans, and they figure, well, what's  
10 the harm? They don't care about the dangers. As was  
11 mentioned already, there's no warning signs on there.  
12 The World Health Organization recommends banning  
13 tanning beds completely for kids under 18 and to  
14 classify UV as a Class I carcinogen similar to tobacco  
15 smoke and arsenic.

16 So, I guess what I'm wrapping up with is we  
17 see many, many people in our clinics every day that  
18 have experienced the end effects of damage. So what's  
19 interesting about UV and where it's different to  
20 tobacco smoke essentially is that if you've been a  
21 habitual smoker and you stop, essentially your lungs  
22 recover and over time your chance of lung cancer  
23 decrease. Unfortunately with UV, it's not like that.  
24 It's the sun damage you got when you were 9, 12, 15,  
25 17, 18 that all accumulates. So it's kind of like a

1 cake. It adds on layer after layer after layer, and  
2 it's that sun damage that is going to lead to all  
3 these skin cancers, and particularly melanoma that  
4 will eventually lead to a person's death if it's not  
5 caught early enough.

6 So clearly I think prevention is important,  
7 and I think it's important to limit the use of these  
8 tanning beds to the most vulnerable in our population  
9 when they really don't know what they're doing and  
10 they can't make a really informed decision. Thank  
11 you.

12 DR. NEVES: Mr. Chairman, members of the  
13 committee, thank you for having me here. I am a  
14 surgeon and work in a dermatology clinic 35 years in  
15 the field of skin cancer, and I'm here to really give  
16 our perspective of how we can protect our kids in a  
17 situation that's 100 percent preventible.

18 So, this tanning salons that we see, that are  
19 spread all over and mostly close to the place where  
20 young kids are, close to universities, colleges, to  
21 the schools, have been changing the number of patients  
22 that we're seeing nowadays. As I said, in 25 years,  
23 the population that has skin cancer was much more  
24 older or they have some sort of natural sun exposure  
25 because they work as farmers or they work outside.

1 It's been changing dramatically.

2 I see young patients, less than 30-years old,  
3 several with squamous cell or basal cell carcinomas,  
4 but many of them with melanoma. And melanoma now is  
5 the second most common cancer in women 25 years. The  
6 third, up to 35 years, but most important is the first  
7 cause of death for these women. So there is the  
8 second one in the incidence. This is the first cause  
9 of death. And why women? Just because we know also  
10 that in these tanning salons the proportion of men and  
11 women is eight women by one man. So women just go  
12 much more often, and that's why we're seeing just an  
13 incredible boom.

14 As we had in the testimonies before, you see  
15 some of those melanomas are really thick. They were  
16 growing there for quite a while and becoming really  
17 invasive and more dangerous. It's clear to show that  
18 there's a lack of warning for people to recognize what  
19 is melanoma, how bad can be, and certainly in this  
20 place, which are moved by economical reasons. They're  
21 not trying to show pictures, just showing what it is  
22 and what is your risk.

23 Some myths that most of this tanning groups  
24 shows that indoor tanning is not as strongly linked to  
25 melanoma, and this is absolutely refuted because we

1 had recent publications specifically, some of them  
2 just showing that in two arms patients that's never  
3 used suntanning, artificial suntanning, the other ones  
4 that have artificial tanning, they have increased risk  
5 to develop melanoma and other cancers. In fact, they  
6 develop.

7 And it's very easy to understand. Imagine  
8 those people that we see all the time, that if they go  
9 to the beach or to the pool, they have the sun  
10 exposure and they never tan. They almost always get  
11 burned, get red, or almost never tan and almost always  
12 get burned. So those are the people that everybody  
13 knows is a high risk. But then they, somebody offer,  
14 okay, you can sit down in one bed and in a few minutes  
15 you can get your tan, and they go there. They have an  
16 exposure that's much higher than the sunlight. And,  
17 again, they don't get tanned because it's hard for  
18 them to get tan. And they do more and they do more.  
19 And what's the difference? When you go to the beach,  
20 when you go to the pool, we have UVB rays that produce  
21 that redness and that makes you burn. So if you're  
22 not protected, you're just going to look for shade.  
23 But in this booths, they don't have UVB to warn you  
24 that you're burning, so you keep burning and you keep  
25 burning and you keep burning until you get the tan

1 that you suppose you are buying. So it increases  
2 dramatically the risk to develop this damage, this  
3 mutations, and, of course, you know, this melanoma,  
4 this skin cancers. So this is very easy to  
5 understand.

6 Another reason that indoor tanning is  
7 excellent source of hard to get Vitamin D. It is  
8 absolutely flawed. If you just stay outside for ten  
9 minutes per day, three times a week in the sunlight --  
10 it doesn't have to be without -- with sun. With or  
11 without sunscreen is enough for you to produce the  
12 Vitamin D that everybody needs. And today it's very  
13 easy to get a supplemental Vitamin D. So this is not  
14 something that should be addressed using artificial  
15 suntanning.

16 Also, another means that's common for us to  
17 hear is that a base tan will protect you from sun  
18 damage when you go outside. Again, this is not true.  
19 You know, tanning, when you tan, means you're already  
20 damaged. When you have that color, it's just because  
21 your cells are trying to put the pigment on top to  
22 make a layer to protect you from the sun. That's  
23 normal. That's our defense. So the tan, although  
24 people sell as healthy, in fact, you had already some  
25 damage to your skin. That's what it means. It was



1 much later.

2 So, you know, of course, I repeat, not every  
3 one can tan, and these people that goes to the tanning  
4 salons are the ones that look like a lobster if they  
5 go to the normal sun without protection or even with  
6 the protection, but they are in the tanning salons and  
7 they don't know anything about it.

8 And it's important to note that when it comes  
9 to UV rays, there is no such thing as healthy,  
10 responsible level we can control or even we can warn.  
11 It's something that we know that is carcinogenic. The  
12 World Health Organization has already put it as  
13 carcinogenic as plutonium, as tobacco, as many other  
14 ones. So we know why do we avoid our children to go  
15 and bike ride without helmets or don't smoke or don't  
16 drink? And while all those kids to be exposed to  
17 something that will give you such harm. Well, maybe,  
18 because even parents don't know, you know, how bad it  
19 is. In this country I think we should.  
20 Unfortunately, we don't have the same resources that  
21 many of these companies have in order to advertise in  
22 every magazine and teen magazines. We have special  
23 situations like here that we can tell you, but it's  
24 not as common.

25 I have the privilege to participate in

1 another situation like that and, of course, you are  
2 seeing my accent. I was born in Brazil, and I'm glad  
3 to tell you that Brazil was the first country to ban  
4 completely the suntanning, artificial suntanning  
5 booths in the country. So it was not even a  
6 restriction for young adults. I worked there for  
7 years. We first were able to ban to under 18. Of  
8 course, it was not enough. It didn't work. They were  
9 still going there. We tried all the restrictions  
10 possible, and imagine in a country that's tropical.  
11 They have a lot of beaches, huge coast, and still skin  
12 cancer is the most prevalent cancer in the country.  
13 And the Department of Health also determined that this  
14 change was much more related with this, our new  
15 life-style. People want to have everything fast,  
16 mostly young adults. They have everything ready.  
17 It's like fast food. I can have a fast tanning. Why  
18 do I have to spend my time just going elsewhere? I  
19 have a lot of things to do. Or let's have a fast  
20 tanning before the party tonight or before the event  
21 in the weekend. And this was something that became  
22 very, very clear. And, again, with the number showing  
23 that the young population was starting to have tumors  
24 that they never had before.

25 So I was glad that our department

1 administrator of health last year came with a  
2 resolution that indoor tanning beds for cosmetic  
3 purposes throughout Brazil as well as receiving,  
4 importing, donating, or arranging such equipment were  
5 not allowed anymore. They received several lawsuits,  
6 but they were able to go against all of them in one  
7 with a simple argument: That the health of Brazil  
8 citizens overcomes and overrides any economic interest  
9 of anybody else. And I am proud to say that this can  
10 happen here in America. I think the health of our  
11 American citizens overrides any economical interests,  
12 and this is important to see.

13 I work in this area. I'm just having more  
14 and more patients. For a commercial point of view,  
15 it's great. You know, I have this population that  
16 want to fill my office. They're going to grow, but is  
17 that right? I don't think it is, mostly knowing that  
18 how bad are these tanning booths. And mostly they are  
19 focusing more and more, targeting young people that we  
20 know because they know that nothing is going to happen  
21 now.

22 Skin cancer happens because the lesions are  
23 cumulative, and that's why you say why they were much  
24 more when I learned, when I was in medical school.  
25 They should be after fifth or sixth decade of life.

1 And why are we seeing all these patients now with skin  
2 cancer under 30, even under 20? It's exactly because  
3 of this, because we are much more exposed. Of course,  
4 type of exposure change. They are much more exposed.  
5 And, again, 80 percent of all UV rays that you receive  
6 in your life very likely to be up to 20 years old when  
7 you are outside.

8 So, this cancer tends to appear decades  
9 later, and, of course, all of these young people say,  
10 it's never going to happen with me. It's always with  
11 someone else. And it's not what they are saying.  
12 It's not ever seen. It's not that we are seeing, and  
13 the damage is still the terrible. We still don't have  
14 treatment for those advanced diseases. Most of these  
15 patients will die. They have nothing to do, but  
16 certainly we can prevent. And since there is one  
17 opportunity for us, as I state, to come now and  
18 support this bill, I think that's what we have to do.  
19 And I am talking in the name not only of myself,  
20 Dr. Robertson, my colleague, but several medical  
21 societies, like the Academy of Dermatology, Society  
22 for Pediatric Surgery, American College of Surgeons,  
23 all of them that are telling and saying how dangerous  
24 it is. And I think that's my message, and I'm open  
25 for questions. Oh, we have -- I'm sorry, just yes, we

1 have, it's a good thing, there is a safe alternative  
2 for this tans. So you can use, they have now sprays.  
3 They use something that reacts with the carotene of  
4 the skin, and you can have a tanning. Someone who say  
5 oh, it's not natural, but if any one of you that saw a  
6 tanning from somebody coming from this tanning booths,  
7 I don't say it looks natural at all. So we have  
8 alternatives for this tanning booths, certainly.  
9 Thank you very much.

10 REPRESENTATIVE MARSICO: Well, thank you. I  
11 was going to ask that question about the tanning  
12 spray, if that is safe.

13 DR. NEVES: Yes, it is, because it only  
14 reacts with the carotene, which is the most external  
15 part of the skin. The effects are bad cells mainly,  
16 and that's why it lasts three to four days. You have  
17 to take a shower and you lose like we are constantly  
18 losing this skin and this bad cells and just falls  
19 off; and absolutely safe.

20 REPRESENTATIVE MARSICO: Okay. Thanks.  
21 Questions, members? Representative Cutler?  
22 Representative Toepel? You guys decide.

23 REPRESENTATIVE TOEPEL: Dr. Neves, just a  
24 follow-up question. I think you mentioned in Brazil  
25 they had a regulation similar to what we're trying to

1 enact here, and it didn't work. Is that what you  
2 said?

3 DR. NEVES: Yes.

4 REPRESENTATIVE TOEPEL: Can you tell us why  
5 it didn't work?

6 DR. NEVES: It did not work because  
7 teenagers are still trying in Brazil -- the  
8 regulation is not as strong, so who was going to go  
9 and check if teenagers were really going there? So  
10 we didn't have like people to go in every single  
11 salon and see if teenagers were using the saloons.  
12 So it was up to them, you know. And that's exactly  
13 what can happen here because they have so many  
14 places. They put in shopping centers, they put in  
15 hair salons. They can use it everywhere. So some of  
16 them people can go and check if they're having or  
17 some parents just to put a claim. But that's why it  
18 became so easy, and they try to sell together with  
19 other things, packages for weddings, and it became  
20 without control. So at the end it was ineffective.  
21 But this was for our country, in Brazil. This is  
22 something that have to think here, but we're bringing  
23 this discussion, and I'm not saying that it's not  
24 right. I think it was a nice step because they  
25 showed that they ban for young adults, and it still

1 didn't work, and then they went into the next level  
2 to have a complete ban. That's what all of us, in  
3 fact, we want. But, easy tans, if we have some  
4 enforcement, you know, enforcement, go and check,  
5 maybe work.

6 REPRESENTATIVE TOEPEL: Thank you.

7 REPRESENTATIVE CUTLER: Thank you,  
8 Mr. Chairman. As a former hospital employee, I was  
9 always frustrated by the number of individuals who  
10 came in with what I term "preventible" injuries that  
11 ultimately took up health care resources, and so I  
12 certainly understand the health side of this. But,  
13 the other side of this that I think we have to  
14 balance it with is the individual liberty and the  
15 right to, at some point, have a choice, so I  
16 understand the perimeters for the legal age of 18.  
17 Eighteen being the ability to vote and get drafted  
18 and things.

19 My question is medically is 18 the right age?  
20 Has your skin appropriately developed? I know you  
21 said you get 80 percent I believe with the statistic  
22 of your UV rays by the point in time that you turn 18.  
23 So my question is is 18 the correct medical age -- you  
24 know, legal arguments aside -- is the developmental  
25 process far enough along, if that's the right mark

1           that we should be aiming for?

2                   DR. NEVES: No, it's age, certainly because,  
3           again, this number shows that 11, 20 or 18-years old,  
4           they have most, and that's why we worry about it  
5           because this accumulation of incidence of this rays  
6           are much more negative and worry at this time, and  
7           that's why it's the first step because then we can  
8           work also with a warning.

9                   But we have to put a limit. There is not an  
10          age. Why 16, why 18 or why 20? Until 18, of course,  
11          people can get damage. That's exactly what people  
12          want to avoid. It's the age of the disease that you  
13          understand why. After death it will be a matter of  
14          their decision, you know, but we know you can die from  
15          this. It will be that decision, but at least 18.

16                  DR. ROBERTSON: So I gave a talk to a  
17          survivors' group out in Lancaster for the American  
18          Cancer Society, a really motivated group, and a  
19          middle-aged lady at the end of the talk came up and  
20          said, "Well, my general practitioner comes to me and  
21          says I need to get a base tan before I go out in the  
22          summer. What do you think?" As we mentioned  
23          already, it's hard to go against her primary care  
24          provider, but, I mean, remember, the damage you get  
25          today and tomorrow, it adds up. It's not going to



1 stop. And so people that are doing these types of  
2 things are, you know, I mean, there's now evidence  
3 showing that suntanning and using the tanning bed is  
4 addictive. It's actually an addiction, and people  
5 full of the same type of behaviors. These  
6 individuals are going to constantly get damage and  
7 eventually come down with some type of skin cancer.

8 So I think 18 is a good place to start, but  
9 ultimately I'm hoping that when they realize that it's  
10 banned for kids up to age 18, even adults will start  
11 to realize that maybe this is not such a good idea,  
12 and even an uninformed primary care provider would  
13 realize, well, maybe I should consider my decision on  
14 this.

15 REPRESENTATIVE CUTLER: Thank you,  
16 Mr. Chairman.

17 REPRESENTATIVE SWANGER: Mr. Chairman, I'd  
18 like to explain why I chose the age of 18. Eighteen,  
19 under our laws, you're considered an adult, and I was  
20 very cognizant of the fact that you know we have to  
21 protect our individual liberties, so my thinking is  
22 when you're an adult, you have the right to make  
23 stupid decisions, but children don't have the  
24 awareness or the ability to make wise decisions in a  
25 lot of ways. They're influenced by their peers, by,

1 as we've heard, lots of advertising. And children,  
2 in my opinion, are our most valuable resource. And I  
3 think it's very imperative upon our legislature to  
4 try to do all we can to protect our children.

5 REPRESENTATIVE MARSICO: Questions?

6 MR. BOOP: Yeah, there was a lot of comments  
7 today about how we need to increase awareness on this  
8 issue, and I think some of the earlier speakers were  
9 saying they weren't sure the people were becoming  
10 aware of this issue. I just wanted to say that I'm  
11 not sure you see it, but I do think there are some  
12 people that are starting to take heed to what you're  
13 trying to say. In fact, I was looking at some of the  
14 statistics from the National Cancer Institute, and  
15 they actually showed that teen tanning is down. Now,  
16 adult tanning is up, but teen tanning is down. And  
17 there's also a statistic out there that showed that  
18 detection of melanoma in teens is up.

19 I guess my question is: If there is  
20 additional information out there, people are becoming  
21 more aware of this, could the increase in detection be  
22 a result of the increase in awareness where people are  
23 actually consulting with a physician and getting  
24 themselves checked out, or is it directly a result of  
25 their interaction with either UV or sun?

1 DR. NEVES: I think we are detecting more.  
2 I have to attest that you are right. Years ago most  
3 of this medical societies or even the support groups  
4 decided to do, well, if they are approaching our  
5 kids, let's do the same. Let's go to the kids and  
6 tell them what is skin cancer, what they can avoid.  
7 So many of the initiatives today is just go to  
8 schools and have -- in this school tell teachers, the  
9 kids. This is particularly great because the kids  
10 really listen. They are much more open to this kind  
11 of good behaviors. And not only for them, but they  
12 take to the parents, and they're making the parents  
13 change somehow their behavior. We are seeing and the  
14 parents are taking more kids to us. I cannot tell  
15 you precisely because we are a big institution in a  
16 cancer center, so the patients that I see are much  
17 the ones of patients that really have risk or really  
18 have cancer. But certainly the community are seeing  
19 more and more of these patients. I think it would be  
20 a mix. I think we are in the points that have much  
21 more detection, but also we will see that at least,  
22 because they're warning, people are coming earlier,  
23 and we'll be able to detect something. They just  
24 come and please take a look. Thinks that moles or  
25 what they call signs or something that usually to

1 give, you know, care for it. That's how it can be  
2 something. I don't know if I answered your question.

3 MR. BOOP: You would agree that early  
4 detection is the most important way to deal with this  
5 issue?

6 DR. NEVES: Absolutely, together with  
7 prevention, early detection is the most important.  
8 Our willingness to not have any patient in the cancer  
9 institute. Hopefully one day we can get that.  
10 That's what we want.

11 MR. BOOP: And one of the reasons I was  
12 asking questions, I think it's important to note that  
13 some of the statistics may be a bit skewed in that if  
14 we do have more awareness of the issue and if we do  
15 have more people actually consulting their  
16 physicians, the numbers could increase. I come from  
17 a law enforcement background. You put an extra  
18 police officer on the street corner, crime's going to  
19 go up, not actually because crime actually went up,  
20 but crime detection went up. So some of those  
21 numbers may be a bit skewed based on the information  
22 that's being provided to us.

23 DR. NEVES: Mostly in these observational  
24 studies because there were not studies that were  
25 double-blind or they were put in different arms. So

1           this I call the probational studies; and, yes, that  
2           may be happening. We'll have to try to understand  
3           why these results are happening. But, you are right.

4                     DR. ROBERTSON: But even so, I mean,  
5           sunscreen is a great way to prevent skin cancer,  
6           right, and you would think everyone knows about it.  
7           I mean, there are very wide PR campaigns in terms of  
8           applying sunscreen, and many parents will even put it  
9           onto babies. But a teenager, you know, we see people  
10          getting burned all the time. So I think even though  
11          there's awareness, there's still more work we have to  
12          do.

13                    MR. BOOP: Absolutely, and I think it's  
14          great that you're here educating the public not only  
15          on the use or the proper use of tanning beds, but  
16          also the proper use of dealing with the sun.

17                    DR. NEVES: And if you allow me to just make  
18          another comment regarding even sunscreen is  
19          important. Also true on how to use sunscreen because  
20          many of the kids, they think if you just put on  
21          sunscreen in the morning and stay all day long on the  
22          beach, they are protected, which is not true. They  
23          have to reapply. And there is -- you have to reapply  
24          before, so we need also to teach them how to use this  
25          protection in order to be effective.

1                   REPRESENTATIVE MARSICO: How often do you  
2 reapply when you're on the beach?

3                   DR. NEVES: It depends on the factor of the  
4 sunscreen. You should see they have numbers, called  
5 FPS, which is much more for UVB.

6                   REPRESENTATIVE MARSICO: Right.

7                   DR. NEVES: But all of them also have  
8 protection for UVA. So if you have FPS, 15 to 30, we  
9 recommend to preapply every two hours, but it depends  
10 also on your type of skin. And then you get like a  
11 60 and up, you can extend. But industry is also  
12 collaborating in getting these formulations in the  
13 sprays to make higher compliance in male patients  
14 because making it a lot easier to spread the  
15 sunscreen in hairy areas or the scalp. But it is  
16 very important to reapply because it's not an arm at  
17 all. So if you buy a number 100 you think that they  
18 would really protect. No. By percentages it's a  
19 little bit more than the 30. Some patients they have  
20 to use, but most of them don't need to buy that  
21 expensive, but it needs to reapply.

22                   REPRESENTATIVE MARSICO: Okay. Any other  
23 questions? David? Anyone? Okay.

24                   MR. TYLER: Just as a quick comment.  
25 Doctor, you had mentioned earlier that people can



1 the sun?

2 DR. NEVES: Yes, absolutely.

3 MR. TYLER: So what are we doing to deter  
4 people from being in the sun under normal  
5 circumstances? Like this bill outlaws tanning.

6 DR. NEVES: Sure.

7 MR. TYLER: But what are we doing about  
8 other outdoor activities that are just as harmful as  
9 you stated?

10 DR. NEVES: Shade clothing. Now we have  
11 much more factories producing clothing for you to mix  
12 sports with protection already in the fabric. So  
13 they built the same, plus they have in the sunscreens  
14 and they put in the fabric. So some of that's you  
15 have like a dry feet so you can run, but you are  
16 protected. They have many of them. The use of  
17 sunscreen, you know, and many teens, you'll see  
18 coaches already. And this will have to start in our  
19 house, with our kids, because when you say to your  
20 kid -- you never let your kids just leave home  
21 without brushing his teeth or brushing his hair or if  
22 he's dirty, you say, no way, just go back at home and  
23 brush your face, okay. You're not leaving. That is  
24 the same. You say, hey, you're not leaving without  
25 your sunscreen. Come on, go back upstairs, get your



1 sunscreen. That needs to start in our houses, and  
2 that's why we're advocates as well, and that's how  
3 probably we'll change this type of behavior.

4 REPRESENTATIVE MARSICO: I'd to just mention  
5 that it was suggested that maybe perhaps David would  
6 do his gardening for his boss.

7 DR. NEVES: Okay.

8 MR. TYLER: I think he could be out a little  
9 bit longer.

10 REPRESENTATIVE MARSICO: I think you could  
11 be out a little longer.

12 MR. TYLER: I'm going to share this with  
13 you. My roots are Mediterranean. Specifically  
14 Sicilian, and I kind of stay dark all year, and  
15 members of the black caucus often want to induct me  
16 into their caucus.

17 But I must share this with you because my son  
18 is engaged to a Sicilian young lady, and we're up at  
19 the pool, my pool this past weekend, and she's  
20 naturally tanned, like I am, and it was kind of  
21 interesting. You're a lot lighter. She's a little  
22 bit darker, and she has the kind of tan that I have.  
23 Some of us can hold the tan all year long depending  
24 where you come from. My fiancée is very light  
25 complected, and her and her daughter -- and I've told

1 her a million times about the tanning beds, you know,  
2 and they go and they go. They're light skinned, and I  
3 know that being light skinned the propensity of  
4 developing a problem probably is more susceptible,  
5 although it could happen to anybody. Don't  
6 misunderstand me. But I have told them. I'm going to  
7 share this information, what I have gotten here today  
8 with her tonight and her daughter. Thank you,  
9 Doctors.

10 DR. NEVES: Thank you.

11 REPRESENTATIVE MARSICO: Thank you, Doctors,  
12 for taking the time to come out. I know you're very  
13 busy taking time out of your busy schedules to be  
14 here. We appreciate it very much, and this will  
15 certainly -- you've certainly educated us.

16 DR. NEVES: Thank you very much.

17 REPRESENTATIVE MARSICO: Thank you.

18 Our third panel will be Joe Schuster, ITA  
19 Tanning Association Membership Director and Grant  
20 Miller, who is president of Sun Your Buns Luxury Sun  
21 Centers located in Erie. And welcome, gentlemen.  
22 Mr. Schuster, you're up first, you may begin.

23 MR. SCHUSTER: Thank you. Mr. Chairman  
24 Marsico, members of the committee. I want to thank  
25 you for the opportunity to appear here today and

1 present my view. My name is Joe Schuster, and I  
2 represent the indoor tanning industry, and I'm  
3 speaking on behalf of them.

4 The ITA is a national trade association  
5 representing all major manufacturers, suppliers and  
6 distributors of indoor tanning equipment as well as  
7 professional tanning facilities nationwide.

8 As proposed, HB369 would ban anyone under the  
9 age of 18 from using the controlled output from a  
10 sunbed and makes it an offense punishable up to two  
11 years in prison and/or a fine of up to \$5,000 for  
12 anyone who be convicted under this new subsection.  
13 Yet HB369 would offer no such restrictions for those  
14 very same youths who are exposed to the uncontrollable  
15 output of natural sunlight. By prohibiting teens from  
16 using a commercial tanning facility, HB369 would mean  
17 more teens spending hours in the sun facing  
18 overexposure, sunburn and more.

19 This bill would have what I call the law of  
20 unintended consequences. Taking away the option from  
21 a teen too choose to tan indoors will not stop them  
22 from tanning. It will send them outdoors in to an  
23 uncontrolled environment with no supervision, no  
24 trained staff, no parental consent required where  
25 they're more likely to be overexposed or sunburned,

1 which is exactly what these doctors supporting the  
2 bill say they are trying to avoid.

3 Proponents of this legislation often quote  
4 that the use of sunbeds will increase skin cancer by  
5 74 percent, yet fail to mention how many times you  
6 must use the sunbed or how long you must stay in them.  
7 Just that if you use a sunbed your risk of skin cancer  
8 increases 74 percent. That very claim is being  
9 disputed now with examiners pointing out that the  
10 studies used to obtain these conclusions rely heavily  
11 on people listed as skin Type I or fair complexion  
12 with no quantification of sun dosage or even the type  
13 of sunbed. There are no sunbeds with a generic  
14 universal output or dosage in the United States.

15 In addition, skin Type I is not even  
16 recommended for tanning indoors by the Food and Drug  
17 and Trade Administrations. 21 CFR 1040.20, which  
18 requires an exposure schedule and a warning statement  
19 placed on every commercial sunbed in this country.

20 The public is well aware of organizations,  
21 such as the American Academy of Dermatology, the Skin  
22 Cancer Foundation and countless sunscreen  
23 manufacturers and health magazines have done a  
24 fantastic job over the years in making sure everyone  
25 is aware of the risk of overexposure to UV. In fact,

1 dermatologists around the country just promoted  
2 Melanoma Monday, the first Monday in May for skin  
3 cancer screenings.

4 It's very important to note that heredity and  
5 moles have a significant direct link in correlation to  
6 melanoma, but are seldom indicted as much as sunbeds.  
7 This increased awareness now results in more people  
8 than ever before, especially young females, seeking  
9 skin cancer screenings, and that's a positive. But  
10 are the rates for young females actually increasing or  
11 are the rates increasing because more young females  
12 are getting screened? Keep in mind the latency period  
13 for skin cancer is 10, 20, or as long as 30 years.  
14 Our detractors want to ban tanning saying there's no  
15 such thing as a safe tan. The FDA and the Federal  
16 Trade Commission forbid claims of a safe tan. For  
17 those that weigh the risks and benefits of UV  
18 exposure, indoor tanning provides a controlled climate  
19 to obtain a cosmetic tan. Where UV is delivered by  
20 skin type and a timer, the risk of overexposure and  
21 sunburn are minimized.

22 Any potential regulation that would affect  
23 millions of people that have tanned indoor for years  
24 with absolutely no ill effects must consider all of  
25 the risk factors in a completely unbiased manner.

1           There is no consensus among researchers or conclusive  
2           link that moderate exposure without sunburn leads to  
3           melanoma. Fact: Melanoma mortality rates are  
4           increasing in men over 50, age 50, but they're  
5           declining in women under age 50. Despite the  
6           disparity, almost no public education campaigns are  
7           directed at the people suffering from melanoma, and  
8           that's men over age 50. Men are more than twice as  
9           likely to die from melanoma, yet an estimated  
10          95 percent of all public health campaigns about  
11          melanoma are directed at our youth.

12                        The National Cancer Institute, SEER Report,  
13           tracks trends in cancer. The majority of melanoma  
14           incidents is not related to young females, but  
15           actually to older males. 62 percent are older than  
16           age 45. Compare this to the typical demographic of a  
17           typical tanner, a white female between the ages of 18  
18           and 35.

19                        Sunbeds are not stronger than midday sun as  
20           they're often quantified. Such comparisons are widely  
21           made yet inaccurate and misleading. There's no  
22           generic amount of sunlight. UV intensity differs  
23           according to time of day, time of year, proximity to  
24           the equator, altitude and reflective surfaces, such as  
25           sand, snow and water. Clearly the UV intensity on a

1 clear July day at noon on a beach in Miami is much  
2 stronger than one 9:00 a.m. downtown Harrisburg on a  
3 cloudy January day.

4 Please consider this: If this law were to  
5 pass, a Pennsylvanian, 17-year old, could drive a car,  
6 get married, have children, go to college, join the  
7 military, but not be allowed to obtain a cosmetic tan  
8 in a controlled environment in a sunbed even if his or  
9 her parents approved.

10 In closing, I would also ask that if you  
11 honestly believe that this state government should ban  
12 controlled UV output from a sunbed for teens under 18,  
13 are you also prepared to ban these same teens from sun  
14 exposure on the beaches at the various state parks and  
15 thousands of other pools, playgrounds and ball fields  
16 throughout the State of Pennsylvania. Thank you.

17 MR. MILLER: Good afternoon. Mr. Chairman,  
18 members of the committee. My name is Grant Miller,  
19 and I am the owner of Sun Your Buns Luxury Sun  
20 Centers. I have five store locations in Erie,  
21 Pennsylvania, and I am very proud to be involved in  
22 the sun industry. I have been a business owner for  
23 over 24 years, and currently employ 23 employees with  
24 a payroll exceeding \$330,000 annually. I am very  
25 proud to be a business owner, job creator and

1           lifelong resident of this great Commonwealth.

2                       As you consider this proposed ban on indoor  
3 tanning for teens, I am going to tell you some things  
4 that should convince you this ban is unnecessary,  
5 unwarranted and bound to be extremely unpopular with  
6 the majority of your constituents. Most of my fellow  
7 professional indoor sun center owners are typically  
8 small businesses with one major exception. There are  
9 many more women in our industry than you see in other  
10 industries. In fact, the majority of our owners are  
11 women. The majority of our employees are women and  
12 the majority of our clients are women. The small  
13 business owners who make their living in the indoor  
14 tanning industry are truly living the American dream.  
15 Like entrepreneurs in other industries, they risk  
16 everything, taken second mortgages on their homes,  
17 depleted their savings and cash and their retirement  
18 in pursuit of a dream to create a better life for  
19 their families. They are also committed to providing  
20 a safe environment to all of their clients and would  
21 not be involved in this industry if we thought for a  
22 second we were harming anyone.

23                       I am here to assure this committee today that  
24 Pennsylvania indoor tanning facilities are already  
25 subject to the code of federal regulations, Title 21,



1 Section 2140.20, the federal regulation issued by the  
2 Food and Drug Administration governing sunbeds and  
3 sunlamps. These regulations require visible warning  
4 signs, the use of eyewear, maximum timer intervals  
5 specified by regulation and instructions to users to  
6 avoid or minimize injury. There are also strict  
7 limits on ultraviolet output of the equipment.

8 Regarding our teenage clients, it is standard  
9 operating procedure at my sun centers and most others  
10 in the state to obtain signed parental consent for  
11 anyone under the age of 18. We require a parent to  
12 come in before their child is ever allowed to tan. We  
13 explain the process, make sure they understand the  
14 potential risk of overexposure or sunburn and have the  
15 parents sign a parental consent form giving their  
16 child permission to use our facilities.

17 My staff is Smart Tan certified, which  
18 provides another layer of protection so that we adhere  
19 to all prevailing industry safety and guidelines. We  
20 also provide a list of potential photosensitive  
21 medications, and we skin type our clients to avoid any  
22 overexposure situations. The significant difference  
23 between obtaining a sun session indoors compared to  
24 outdoors is that an indoor sun center provides for a  
25 controlled environment that can drastically decrease

1 any slight chance of overexposure. When someone tans  
2 outdoors the UV exposure they receive on any given day  
3 varies by the time of day, time of year, atmospheric  
4 conditions or other daily variances, and that's the  
5 reason indoor sun centers are so important. We  
6 provide this controlled environment so that all  
7 clients, whether they are 18 or 80, can obtain a  
8 moderate UV exposure session while minimizing the risk  
9 of overexposure.

10 If this bill passes, teens will not have this  
11 right and will actually be more at risk for  
12 overexposure. You are forcing them to lay outside on  
13 shiny reflective blankets for hours on end without  
14 proper protection, education, or supervision.

15 In Pennsylvania teens can hunt and drive at  
16 age 16, get married with parental consent, and have  
17 children with or without parental consent. At age 17,  
18 a teen can join the military with parental consent or  
19 go off to college. Yet, if this bill passes, they  
20 won't able to get a safe, moderate controlled sun  
21 session even with parental consent. Banning moderate  
22 sunshine that God intended our bodies to use in order  
23 to produce essential Vitamin D just goes beyond any  
24 logical common sense. Not only would you be taking  
25 away an important right to let a parent make an

1 informed choice regarding their child, you would  
2 actually be harming that child in the long term.

3 Any cancer's a very sad thing. I sincerely  
4 wish we could eliminate every cancer, but the facts  
5 are this: Without sunshine, our entire existence  
6 would not be possible. Without the sun we would all  
7 be dead. The sun is the source of all life. A sunbed  
8 emits the same UV light spectrum as the natural sun.  
9 Right now outside, the sun contains approximately  
10 95 percent UVA rays and 5 percent UVB rays, which is  
11 the same exact UV ratio produced by my sunbeds. They  
12 are no better, they are no worse than the sun.

13 Out of everything we have heard today, there  
14 has been no scientific evidence presented at all that  
15 any of the skin cancer talked about today have ever  
16 been caused by a sunbed. In my beautiful hometown of  
17 Erie, we have one of the most beloved assets of the  
18 entire Commonwealth: Presque Isle State Park. 13  
19 miles of beautiful sandy beaches, home to boating,  
20 swimming and all kinds of summer recreation. Presque  
21 Isle State Park hosts nearly 4 million visitors a  
22 year, more so than either Yellow Stone or Yosemite  
23 National Parks.

24 If you are seriously considering this  
25 needless ban on teen tanning, you might as well

1 padlock Presque Isle State Park, turn away the  
2 4 million family visitors who drive from all over to  
3 enjoy its outdoor sunshine activities. The decision  
4 of whether a minor can suntan should remain firmly  
5 with the parent.

6 I would urge you to please oppose this  
7 unwarranted legislation. I thank you very much for  
8 your time and consideration.

9 REPRESENTATIVE MARSICO: Members, staff?  
10 Representative Toepel.

11 REPRESENTATIVE TOEPEL: Thank you, Mr.  
12 Chairman. I had a question about your, in your  
13 packet you have a questionnaire. I guess your staff  
14 does an assessment on their skin type. Could you  
15 describe to me what kind of training they have to do  
16 that, because I'm looking over the questionnaire, and  
17 it seems a little bit subjective. I'd have trouble  
18 answering some of these questions. I believe I could  
19 answer several of them in multiple ways.

20 MR. MILLER: You're referring to the skin  
21 type analysis form?

22 REPRESENTATIVE TOEPEL: Yes, I think it says  
23 skin type identification questionnaire.

24 MR. MILLER: Well, I don't have the form in  
25 front me, but the form you're referring to, there's

1 six, seven, eight different questions that we would  
2 ask a potential tanning client, and the way they  
3 answer those questions, it gets a number score. Now,  
4 it's not a perfect score, but -- and, again, you have  
5 the sheet in front of you. I apologize. I don't.  
6 But when you add up the numbers, when they fill out  
7 the -- when we ask the questions, that number tells  
8 what skin type they are. Now, I can pretty much look  
9 at somebody -- now, I've been doing this so long I  
10 can tell someone's a skin Type II, a skin Type III or  
11 skin Type IV. Somebody with a darker skin tone, for  
12 example, an African-American, that would be a skin  
13 Type V, they would have hardly any risk of burning.  
14 Somebody very, very light, a red-haired girl with  
15 white skin, freckles and blue eyes, that would  
16 probably be a skin Type I. We would actually  
17 recommend to that individual, she is not able to  
18 develop a tan whether inside or outside. So our  
19 sunbeds would not even be a logical candidate for  
20 her.

21 We talked earlier about the spray-on tanning.  
22 My facility and most tanning facilities in the  
23 Commonwealth do offer spray-on tans, which is a great  
24 alternative because it is a UV free option. It gives  
25 you a cosmetic tan.

1                   REPRESENTATIVE TOEPEL: What kind of  
2 training does your staff receive? I mean, obviously  
3 some of your clients would be very easy to determine  
4 what type of skin type they had if they were fair.

5                   MR. MILLER: Sure.

6                   REPRESENTATIVE TOEPEL: But there are people  
7 like me, like what would I be? How would your staff  
8 be trained to assess what kind of skin type I have  
9 because you're going to make a recommendation on how  
10 long I can stay in the tanning bed based on that?

11                  MR. MILLER: Correct. Well, by answering  
12 the questions, hair color, eye color, skin color,  
13 that tells us what your skin type is. I can tell  
14 right now looking at you, ma'am, you're a skin Type  
15 II, borderline, a light skin Type III. And your skin  
16 tone is very similar to my skin tone, so I know when  
17 I put you into a tanning bed and when I set the time,  
18 I'm going to set a time to be very equivalent to what  
19 my skin tone would be, minus or plus, you know, what  
20 your tone is.

21                  As far as the training goes, we are a member  
22 of the Smart Tan organization. All of my employees  
23 have to go through Smart Tan training. It's a rather  
24 comprehensive, and they learn about all of the  
25 potential risk to be avoid with overexposure. We

1 learn how to skin type people, and that's just  
2 something that we do. We've been very professional in  
3 our industry.

4 REPRESENTATIVE TOEPEL: So basically these  
5 are your own procedures. They're not regulated, the  
6 parental consent forms. The skin assessment is  
7 something that you do in your company?

8 MR. MILLER: Well, right now in Pennsylvania  
9 there is no regulation for parental consent. Since  
10 the day that I opened my sun center, seven or eight  
11 years ago, we have made that a voluntary compliance  
12 that we do. And quite frankly, most tanning salons  
13 I've visited in the Commonwealth, they also have a  
14 very similar procedure.

15 REPRESENTATIVE TOEPEL: Well, sorry, I think  
16 I did ask more than one question, Chairman.

17 REPRESENTATIVE MARSICO: No, that's okay?

18 MR. MILLER: They were good questions. That  
19 was fine.

20 REPRESENTATIVE TOEPEL: I do agree at the  
21 very minimum they should have a parental consent  
22 form, so I do commend you for at least requiring  
23 that.

24 Now, the warning itself, you say is  
25 regulated, the warning has to be on the tanning bed.

1           Where is it? Is it a little placard someplace? Or do  
2           you give them a written warning and the parent a  
3           written warning about the dangers of the tanning  
4           booth?

5                   MR. MILLER: Actually both. Every sunbed  
6           manufactured in America has a -- what would you call  
7           it, Joe? It's a...

8                   MR. SCHUSTER: It's a warning. 21 C of part  
9           1040.20 mandates that you have to have this warning  
10          statement in essence. It says danger. It's a danger  
11          warning. Use of UV radiation may lead to skin  
12          cancer. That's the title, that's the first statement  
13          on that warning. Now, it's generally put in a  
14          location that's right in front of the tanner, the  
15          prospective tanner as they go in to use the sunbed.  
16          It's right on the front of the sunbed. All sunbeds  
17          made in this country must carry that warning. But in  
18          addition, locations, professional tanning salons also  
19          carry that warning statement on a written document  
20          that is read to that prospective tanner or parent  
21          prior to even setting foot into a tanning bed.

22                   REPRESENTATIVE TOEPEL: Thank you.

23                   REPRESENTATIVE MARSICO: Any other  
24          questions? David.

25                   MR. TYLER: Although the Presque Isle lock,



1 on Presque Isle statement was cute, that's not a  
2 repeated action. Families should go there, going  
3 maybe once, twice, five, six times a year with their  
4 family members, whereas a lot of your clients may be  
5 going daily for months, years.

6 What are you doing as the industry to warn  
7 those people who may have acknowledged the dangers,  
8 but continue to use it beyond recommended usage?

9 MR. MILLER: Well, first of all,  
10 respectfully, I was not trying to be cute. Our -- we  
11 provide a controlled environment. I almost feel like  
12 I'm a bartender working at a bar. If you come in and  
13 you tanned recently and your face looks pink or  
14 overexposed, I will turn you away. We turn customers  
15 away every day if they come in and they appear to be  
16 overexposed. We fight with clients constantly  
17 because they want to go in for the full time of the  
18 bed. Sunbeds have a maximum time of 20 minutes.  
19 Sunbeds have a maximum bed as short as nine minutes.  
20 Clients very frequently want to go in for the most  
21 amount of time kind of like an all-you-can-eat  
22 buffet. You want to eat as much food as you can to  
23 get your monies worth. We constantly -- but it's  
24 very true, we constantly battle. We are the  
25 protector of them. When you go to Presque Isle State

1 Park, there's people there this weekend that did not  
2 wear sunscreen. They're outside unprotected. That  
3 is a far more danger than coming into my tanning  
4 salon and coming in there with us guiding you so you  
5 don't overexpose yourself. We're out there trying to  
6 protect people. When your kids are having a soccer  
7 game, a baseball game, outside, there's no protection  
8 for them. I routinely see people if I'm golfing,  
9 I'll give them my sunscreen because I can just tell  
10 they're getting beet red five hours golfing at a golf  
11 course.

12 So I firmly believe that we are the  
13 responsible parties here. We've kind of made out to  
14 be like the villains, and I truly resent that because  
15 we're here trying to protect people. I've also  
16 submitted a bunch of e-mails from my customers who are  
17 very much opposed to this ban. And if you read those  
18 e-mails -- and I would really urge you to do so --  
19 there's people that are using a sunbed because their  
20 doctor said it helps them with depression, helps them  
21 with their low blood pressure, helps them with their  
22 self esteem. This is not just a cosmetic thing.  
23 People come to us for many, many different conditions  
24 for health that makes them feel better. Now, we  
25 cannot tell them to do that. If a doctor tells them

1 to come, you know, to clear up their acne, that's  
2 fine. We do not promote it that way. But people all  
3 the time tell me, I use your facility for reasons,  
4 other than getting a cosmetic color.

5 REPRESENTATIVE MARSICO: Okay.

6 Representative Swanger.

7 MS. SWANGER: Thank you. The suntanning  
8 salon operator -- sorry.

9 MR. MILLER: That's okay.

10 REPRESENTATIVE SWANGER: Mr. Miller, you  
11 obviously are a very responsible business owner, and  
12 you take precautions, according to your testimony, to  
13 make sure that the clients are apprised of the risks  
14 and you try to keep them safe, but I can't believe  
15 that all tanning bed salons go to this length. I  
16 mean, there are no requirements that they do what  
17 you're doing, is that correct? And can you honestly  
18 say that you think every tanning bed salon goes to  
19 the extent that you do to protect its customers?

20 MR. MILLER: Well, I can't personally vouch  
21 for every tanning salon in the Commonwealth or the  
22 country. I think if you would visit most tanning  
23 salons you would figure the vast majority do follow  
24 these precautions. But, really, the issue here today  
25 was trying to ban teen tanning, and I just think that

1 is just a bad, bad idea.

2 REPRESENTATIVE MARSICO: Are you through?

3 Mr. Boop.

4 MS. SWANGER: Sorry, yes, I'm through.

5 MR. BOOP: Just really briefly, you had  
6 talked earlier about how you try to skin type people,  
7 and then determine how much time they can spend in  
8 the bed, and this question could be actually for  
9 either. Do you find that some of your clients, in  
10 addition to coming in and using the tanning beds,  
11 also are tanning outside, laying out? Do you find  
12 that at all?

13 MR. MILLER: Well, they could be, but once  
14 again, if we notice somebody comes in and if they  
15 look like they're overexposed in any way whatsoever,  
16 we will send them home. We say, I'm sorry, I can't  
17 tan you today. You cannot use my equipment today.

18 MR. BOOP: So you're limiting the time that  
19 they're in the beds, but you're also making an  
20 assessment as to whether or not they should be using  
21 the bed on a particular day?

22 MR. MILLER: Absolutely. And those angry  
23 customers, when they get turned away from our salon,  
24 they call me, and I am more than happy to take those  
25 calls because I stand up for the employees all the

1 time. If an employee turns away a customer, I'm  
2 behind them 110 percent. And after I talk to the  
3 customer, when they call me, saying I wasn't able to  
4 use your facility today, once I explain to them very  
5 calmly and reasonably why we do that, they actually  
6 thank me afterwards because they realize, yeah, I  
7 probably shouldn't have been going there today.

8 MR. BOOP: And this question is for  
9 Mr. Schuster. There was the discussion of this  
10 consent form for minors, and I know that you're  
11 representing the indoor tanning association. Have  
12 you seen that the majority of the tanning salons are  
13 actually doing forms like that or is this something  
14 that's just happening at this particular salon?my  
15 background goes back 25 years in the industry. For  
16 the previous 15, I've served as an educator for the  
17 Suntanning Association for Education. Part of as  
18 what Mr. Miller presented with Smart Tan  
19 accreditation, the Suntanning Association for  
20 Education also provides this type of accreditation.

21 I've traveled around the country and Canada  
22 over the last 15 years doing these exact trainings and  
23 basing these things, these statements, these warning  
24 statements, they consent forms in all states  
25 regardless of whether it was a requirement or not.

1 And I think you'll find to Grant's point, I think if  
2 you traveled and you actually visited a tanning salon,  
3 I think you'll find that most of them do comply with  
4 that, even though it's not a requirement. They all  
5 comply, and it's good business. It's a good point.

6 If I might make one other clarification, we  
7 talked about -- Representative Toepel, you mentioned  
8 the skin typing scale. I just wanted to make sure we  
9 all understand, this is not an industry scale. This  
10 is not Grant's scale. This is Thomas Fitzpatrick's  
11 skin typing scale. This is an accepted skin typing  
12 scale. This isn't something that was developed within  
13 the industry. Thomas Fitzpatrick is no longer with  
14 us, but he developed this a number of years ago, and  
15 it's been applied to the indoor tanning industry.

16 REPRESENTATIVE MARSICO: Let me just -- one  
17 quick question the Chairman wanted me to ask. How  
18 many indoor tanning salons are there in Pennsylvania  
19 about? Do you have any idea?

20 MR. SCHUSTER: Nationally I'll start --  
21 nationally we've got about 16,000, 17,000. In the  
22 state of Pennsylvania, there are under 1,000 right  
23 now, and that's a freestanding, Chairman, that's a  
24 freestanding tanning salon, not a location that would  
25 open up like in a gym, for example.

1                   REPRESENTATIVE MARSICO: So that would be --  
2                   in addition, the ones in the gyms are addition to  
3                   what you're saying?

4                   MR. SCHUSTER: Freestanding, you have under  
5                   a 1,000 in the state.

6                   REPRESENTATIVE MARSICO: Okay. Well, thank  
7                   you very much for coming in today. I appreciate you  
8                   all testifying, taking your time. Thank you.

9                   Our next panel -- we're going to try to wrap  
10                  this up by 1:00 o'clock. It's around 20 of 12 or  
11                  1:00. The fourth panel and final panel is David  
12                  Woodmansee, is that correct -- Woodmansee -- Associate  
13                  Director of the America Cancer Society, Cancer Action  
14                  Network. Go ahead when you're ready.

15                  MR. WOODMANSEE: Mr. Chairman, members of  
16                  the committee, my name is Dave Woodmansee, and on  
17                  behalf of the American Cancer Action Network, I thank  
18                  you for the opportunity to come here today to testify  
19                  regarding HB369. The America Cancer Society Cancer  
20                  Network (ACS CAN) is the nonprofit, nonpartisan  
21                  advocacy affiliate of the America Cancer Society that  
22                  supports evidence-based policy and legislative  
23                  solutions designed to eliminate cancer as a major  
24                  health problem.

25                  Skin cancer is the most common of all cancer

1 types with more than one million skin cancer diagnoses  
2 each year the United States.

3 An individual who uses an indoor tanning  
4 device will have a substantially higher dose per unit  
5 time of UV radiation than is experienced in regular  
6 daily life. One 15- to 30-minute session in an indoor  
7 tanning device is believed to be the equivalent of one  
8 day at the beach in the sun. The increased UV  
9 radiation intensity and frequency in which the  
10 individuals can use indoor tanning devices could  
11 substantially increase the risk for skin cancer.

12 The association between UV exposure from  
13 indoor tanning devices and melanoma is consistent with  
14 what we already know about the association between UV  
15 exposure from the sun and melanoma. The harmful  
16 effects, including several types of skin cancer,  
17 associated with excessive sun exposure are due to the  
18 net effect of both UVB and UVA radiation from the sun.  
19 The UV radiation from the sun is primarily UVA  
20 radiation (95 percent). It was previously believed  
21 that only UVB radiation caused skin cancer. Now as  
22 the evidence builds it is becoming clearer that UVA  
23 radiation also causes skin cancer.

24 Compounding the risk for skin cancer from the  
25 use of indoor tanning devices are the data that show



1 individuals already vulnerable to skin cancer, mainly  
2 adolescent girls with some sun sensitivity -- say that  
3 five times correct -- who believe people look better  
4 or healthier with a tan are frequent users of indoor  
5 tanning devices.

6 And as you can see, I think you have my  
7 testimony in front of you, there are footnotes to all  
8 these facts that I am giving, and you can see that  
9 they are done in a scientific way, and they're peer  
10 reviewed journals, that these statistics appear in.

11 Because the harmful effects of UV exposure  
12 are cumulative over time, indoor tanning devices pose  
13 a high risk for children and adolescents by  
14 potentially increasing overall lifetime UV exposure.

15 The association between the use of indoor  
16 tanning devices and skin cancer is recognized by  
17 leading scientific institutions. The World Health  
18 Organization, the International Commission of  
19 Non-Ionizing Radiation Protection, the National  
20 Toxicology Program in the United States, the National  
21 Radiological Protection Board in the UK, the National  
22 Health and Medical Research Council of Australia and  
23 EUROSKIN have all issued reports on the adverse health  
24 effects of the use of indoor tanning devices, and most  
25 have recommended that minors under the age of 18, as

1 well as individuals with additional risk factors for  
2 skin cancer, not use indoor tanning devices.

3 A meta-analysis conducted in 2006 by the  
4 International Agency for Research on Cancer (IARC) as  
5 it's known, found that individuals who initiate use of  
6 indoor tanning devices at a younger age have a  
7 75 percent increased risk for melanoma than  
8 individuals who never use indoor tanning devices. The  
9 met-analysis concluded that there is sufficient  
10 evidence for a causal relationship between indoor  
11 tanning device use and melanoma.

12 The IARC report also addressed the issue of  
13 Vitamin D and UV exposure. The report indicates that  
14 due to the serious health consequences associated with  
15 use of indoor tanning devices, the fact that they are  
16 more expensive and less convenient than taking vitamin  
17 supplements, and the consumers' inability to assess  
18 how much UVB exposure they are actually receiving for  
19 Vitamin D photosynthesis, the use of these devices as  
20 a source of Vitamin D should be discouraged.

21 From 1988 to 2009, there's been a substantial  
22 increase in the number of teens and young adults who  
23 report using an indoor tanning device. From  
24 approximately 1 percent in 1988 to 27 percent in 2007.  
25 In 2004, almost a fifth of teenaged girls reported

1 using an indoor tanning device. Teenagers who use  
2 indoor tanning devices are more likely to have parents  
3 who also use them. And you'll see that there's a  
4 study that's cited from the Journal of Cancer  
5 regarding that statistic. The risk associated with  
6 the use of indoor tanning devices and skin cancer is  
7 clearly not well understood or appreciated by teens  
8 and young adults or sometimes even their parents.

9           Currently the Food and Drug Administration  
10 only recommends, but does not require or enforce any  
11 regulations on the use of indoor tanning devices.  
12 There are some very good actors, as you just heard  
13 from previous to me, but unfortunately that is  
14 probably not the case across the board. Thirty-one  
15 states currently regulate the use of indoor tanning  
16 devices by minors, although policies vary widely  
17 between states. One study found that a mere  
18 11 percent of tanning salons followed the FDA's  
19 recommendations of three sessions or fewer in the  
20 first week of tanning. Again, you will see a study  
21 cited at the bottom. Other studies have consumers  
22 reporting that they're not being warned of the health  
23 risks associated with indoor tanning, nor did they see  
24 a warning sign in the salon. In addition to the  
25 tanning industry's lack of compliance, states and



1           you that information. This was actually put together  
2           with a policy counterpart of mine. I'm quote,  
3           unquote, a lobbyist that goes around to 50 states,  
4           not working this issue solely. I'm actually working  
5           on a little topic called Implementation of State  
6           Exchanges. So you might see me back here before  
7           long, but that's my main topic, skin cancer and  
8           tanning beds. It's not my primary topic, but I have  
9           worked in the past, but I can assure you I'll get you  
10          a citation for that.

11                        COMMITTEE MEMBER: Well, I heard similar  
12           statistics to that before, and I just wanted to see  
13           where that actually came from.

14                        MR. WOODMANSEE: I know. And I know it's  
15           out there. That's why I can guarantee that I'm going  
16           to get it for you. I don't know why, honestly, it  
17           was not included.

18                        COMMITTEE MEMBER: Okay, thank you.

19                        MR. WOODMANSEE: Yeah.

20                        REPRESENTATIVE MARSICO: Seeing no  
21           questions, well, thank you very much, sir, for your  
22           testimony, and your time for being here.

23                        MR. WOODMANSEE: I appreciate it. Thank  
24           you.

25                        REPRESENTATIVE MARSICO: I want to add that

1 we did receive testimony, written testimony from AIM  
2 at Melanoma from Samantha Guild. Also from the  
3 President of Pennsylvania Dermatology Physician  
4 Assistants, Washington, PA, and also from the  
5 American Society for Dermatological Surgery. Is that  
6 right?

7 COMMITTEE MEMBER: That sounds right.

8 REPRESENTATIVE MARSICO: That sounds about  
9 good. Well, listen, thank you very much everyone for  
10 being here and providing your testimony and taking  
11 your time to be here. This concludes our hearing.  
12 Thank you.

13 (THEREUPON, proceedings concluded.)  
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## 1        T R A N S C R I B E R ' S    C E R T I F I C A T E

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4                    I hereby certify that the transcript of the  
5 proceedings contained herein are a true and accurate  
6 transcription as transcribed by me from record testimony;  
7 that I was not personally present at the time of the  
8 record; that the transcription was reduced to printing  
9 by me; and that this is a true and correct  
10 transcript of the same, to the best of my ability.

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Donna M. McMullen  
Certified Merit Reporter

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17 dated: December 12, 2011

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