

Tanning Bed Cancer Control Act of 2011, HR 1676

TAKE ACTION NOW for HR 1676!

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The Tanning Bed Cancer Control Act of 2011, House Resolution 1676, was introduced in May of 2011 by Representative Carolyn Maloney of New York. This Bill has been referred to the House Subcommittee on Health; there has been no further action since. This Act is important to those of us working in dermatology because it will ask two important questions:

1. Are tanning beds appropriately classified by the FDA according to their known risks?

Answer: No.

Currently the FDA puts tanning beds in the Class I, general controls:

- SEC. 513. [21 USC §360c] Classification of Devices Intended for Human Use, which are devices that do not pose unreasonable risk for illness or injury.

In March of 2010 the General and Plastic Surgery Devices Panel of the Medical Devices Advisory Committee:

- Agreed unanimously that tanning devices are not appropriately classified in the lowest risk category, but they were split as to whether to change the classification to II or III
- The panel made recommendations for special controls to improve safe and effective use for these devices:
 1. Ban use for those under 18.
 2. Ban use for Fitzpatrick skin type I.
 3. Establish a tanning bed user registry with a user fee to support it.
 4. Increased education/training/certification of tanning bed operators.

The International Agency on Research in Cancer (IARC) and the US Department of Health and Human Services' National Toxicology Program both put tanning beds in the highest risk category- carcinogenic to humans.

From the speech of the Honorable Carolyn B/ Maloney of New York in the House of Representatives on May 2, 2011:

- In spite of the facts, the FDA currently classifies tanning beds in the lowest risk category, Class I. Other examples of Class I devices are Band Aids and tongue depressors, devices that pose no risk to consumers at all. [Read full speech here.](#)

2. Are the current performance standards doing enough to protect the public?

Answer: No.

Tanning bed manufacturers are required to provide a recommended exposure schedule with each device they sell. These exposure schedules are designed to reduce risks of over exposure to UV radiation for the user. They include:

1. How long a user should be in the tanning bed based on whether they are just starting to tan or tan often.
2. How far apart tanning sessions should be.
3. How the operator should determine exposure time and schedule based on the users' skin type.

In a study done in North Carolina, 95% of tanning patrons exceeded the recommended exposure limits ([Hornung, et al, 2003](#)).

In a recent investigative report by the minority members of the House:

- 75% of the salons contacted by staff, posing as fair-skinned teenage girls interested in tanning for the first time, stated they would allow them to tan daily. The FDA recommendation is to limit tanning to no more than 3 times the first week. [Read the full report here.](#)

And it would require the FDA to carry out its labeling recommendations that were submitted in a report to Congress in 2008, designed to make it easier for the consumer to read and understand the risks they are taking by using a tanning bed.

We invite our members to let their legislators know that they want them to support this Bill. [Attached here is a letter](#) designed by the Dermatology Advocacy Network and personalized by HPAC. Please fill in the blanks and send or email your legislators. Let us know when you take action – we want to brag about our nurses! dna@dnanurse.org

If you don't know who to write, visit <http://www.house.gov/representatives/find/>.