
Enacting legislation to restrict youth access to tanning beds: A survey of advocates and sponsoring legislators

Busayo Obayan, BS,^a Alan C. Geller, RN, MPH,^b Elissa A. Resnick, MPH,^c and Marie-France Demierre, MD, FRCPC^a
Boston, Massachusetts, and Chicago, Illinois

Background: Passing tanning bed legislation restricting underage use has remained challenging.

Objective: We sought to determine the resources required to pass tanning bed legislation restricting use to children and identify key barriers to its passage.

Methods: A total of 15 states sought to pass tanning bed legislation in 2006; in-depth surveys were completed with advocates in 10 states and legislators in 5 states.

Results: Advocates sought advice from the sponsoring legislator or legislators (n = 9), held discussions with other organizations (n = 8), and used a lobbyist (n = 5). The 3 major barriers were strong lobbying efforts by the tanning bed industry (n = 10), proceedings after the bill was filed (n = 5), and obtaining support from other organizations (n = 4). For legislators, the most significant barrier was making colleagues aware of the health effects of tanning bed use.

Limitations: Five of 10 legislators and 10 of 15 advocates responded to the survey.

Conclusion: Barriers to passage of tanning bed legislation can potentially be surmounted with advice to advocates and coordinated efforts by multiple organizations. (J Am Acad Dermatol 2010;63:63-70.)

Key words: advocacy; dermatology; indoor tanning; legislation; policy; skin cancer; sun beds; sunlamp; tanning; teenaged tanning.

Recent research concludes that there is a strong correlation between ultraviolet exposure via tanning beds before age 35 years and malignant melanoma and cutaneous squamous cell cancer.^{1,2} This research also shows an association of younger age of exposure to tanning booths and greater risk of skin cancer.³⁻⁷ Between 1998 and 2007 there has been an increase in the attitude that tans enhance

appearance and a corresponding increase in the number of tanning facilities, making tanning beds more accessible to youth.⁸ Nearly all US studies find that an estimated one third of teenaged girls report use of tanning beds with 12 to 13 years being a common age of onset and 17 years being the most common age for use.^{9,10}

Increased risk of skin cancer with younger age of exposure to tanning booths has led to recent legislative efforts to protect minors. In 2006, 15 states attempted to pass tanning bed legislation to restrict underage use, and we conducted surveys of the leading advocates and sponsoring legislators. Our goal was to determine the resources required to pass future tanning bed legislation and identify current key barriers to the enactment of these laws.

METHODS

Sample

The list of 15 states that attempted to pass tanning bed legislation in 2006 was found on the National Conference of State Legislators World Wide Web site.¹¹ Each bill was accessed via: (1) a computerized

From the Boston University School of Medicine^a; Division of Public Health Practice, Harvard School of Public Health, Boston^b; and Institute for Health Research and Policy, University of Illinois at Chicago.^c

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Reprint requests: Marie-France Demierre, MD, FRCPC, Skin Oncology Program, Department of Dermatology, Boston University School of Medicine, Boston University Medical Center, 720 Harrison Ave, DOB 801A, Boston MA 02118.

E-mail: Mariefrance.demierre@bmc.org.

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search of Internet search engines such as Yahoo! and Google, using the bill number and key words “tanning,” “tanning bed,” and “tanning bill”; or (2) each state’s legislative World Wide Web site using the search function on the main site if available or browsing all of the bills proposed in 2006. The names of the two primary advocates of these bills were obtained from: (1) the bill itself; (2) correspondence with the sponsoring legislator or legislators; (3) members of dermatology state societies, state cancer coalitions, and lobbyists from the American Academy of Dermatology (AAD); and (4) the AAD directory of all US dermatologists.

These states were: California, Colorado, Connecticut, Maryland, Massachusetts, Michigan, Mississippi, Nevada, New Hampshire, North Dakota, Oregon, South Dakota, Utah, Vermont, and Virginia. From the 15 states, we were unable to locate local advocates in 4 of these states (Vermont, Nevada, Connecticut, and Oregon) and we were unable to interview an advocate in Mississippi. We reached a single advocate supporting legislation in California, Connecticut, Oregon, and Vermont and used her responses for California only. We successfully located and interviewed advocates in 10 states: California, Colorado, Maryland, Massachusetts, Michigan, New Hampshire, North Dakota, South Dakota, Utah, and Virginia and legislators in 5 states: Maryland, North Dakota, South Dakota, Utah, and Vermont.

We obtained approval from the Boston University School of Medicine Institutional Review Board to conduct surveys of advocates and legislators and the institutional review board requested that the survey be sent to all potential respondents in advance along with an invitation letter. The survey was developed from a model used to predict support for environmental tobacco smoke bans.¹² Questions were developed separately for advocates and legislators supporting legislation to restrict youth access to tanning beds. We then pilot tested the survey with two tanning bed advocates and a sponsoring legislator and revisions were made to modify wording and clarify the intent of the survey. Next, the survey and an invitation to participate were sent via e-mail to up to two advocates and two sponsoring

legislators in each of the 15 states. Advocates and legislators were sent a maximum of 5 e-mails each. From each state, the first advocate to accept the invitation to participate was administered the survey via telephone. The first legislator to respond was administered the survey via e-mail and offered the option of a telephone survey.

CAPSULE SUMMARY

- The increased incidence of melanoma and cutaneous squamous cell carcinoma has been correlated to age of exposure to ultraviolet light.
- If effective tanning bed legislation can be enacted, this may reduce youth exposure to ultraviolet light and in turn reduce rates of melanoma and cutaneous squamous cell carcinoma.
- By studying characteristics that lead to passage of tanning bed legislation we can aid future advocates and legislators in passage of effective bills.

Measures

Advocates were asked how they became involved in tanning bed legislation, what steps they took to establish contacts to pass legislation, if they worked with advocacy groups or organizations to pass legislation (and if so, which ones), how they tried to find legislators to work with, difficulties faced in attempting to pass legislation, resources used in legislative efforts, the type of legislation that was considered and then ultimately proposed, the number of legislative sessions, results of legislation, reasons for failure to pass legislation, and resources that would have been useful while attempting to pass legislation.

Legislators were asked how they were first made aware of the issue of underage tanning bed use, what led to support of the bill, their concept of ideal tanning bed legislation, difficulties faced in attempting to pass legislation, and a description of the most effective ways of enforcing legislation, if passed.

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RESULTS

In 2006, tanning bed bills were proposed in 15 states, of which 6 states passed legislation. We collected responses from all of the states in which legislation was passed and 4 of the 9 states in which legislation failed. A description of the type of legislation proposed and the reasons for failure are shown in Table I.

Of the 6 states passing legislation restricting youth access to tanning beds, laws were passed for 14 year olds (n = 2), 16 year olds (n = 1), and youth under 18 years (n = 3). Five of the 6 states required parental consent for minors aged 14 to 17 years.

Advocates

Of the 10 advocates who responded to the survey, 7 were dermatologists who became aware of the impact of tanning beds from interactions with

Table I. Advocate report of attempts to pass legislation

State	What legislation was considered	What was finally proposed	How many legislative sessions	Result	Major reasons bill failed
California	Ban age < 15 y; parental consent age 15-18 y	Ban age < 14 y; parental consent age 14-18 y	1	Passed	Advocate also supported bills in Connecticut, Oregon, and Vermont, and explained why bills have failed in these states: age restrictions too high, sponsor was member of minority party, idea of too much regulation
Colorado	Ban age < 18 y	Parental consent age < 18 y	1	Failed	Lack of support in the House
Maryland		Ban age < 14 y; licensing of parlors; civil penalty of \$250	2	Failed	Did not pass out of committee
Massachusetts	Ban age < 16 y; parental consent age 16-18 y	Ban age < 16 y; parental consent age 16-18 y	2	Failed	Ran out of time during legislative session
Michigan	In-person parental consent age < 18 y; warning labels; yearly informed consent	Ban age < 14 y; parental consent age 14-18 y; warning labels in parlors; employee guidelines	2	Passed	
New Hampshire	Ban age < 18 y	Parental consent age < 18 y, renewed after 12 visits; age > 18 y receive pamphlet about dangers	1	Passed	
North Dakota	Ban age < 18 y	Notarized or present parental consent age < 18 y	1	Passed	
South Dakota	Ban age < 18 y	Parental consent age < 18 y	1	Failed	Lack of time to get large organizations behind bill
Utah	Ban age < 18 y; warnings on tanning beds and salons	Parental consent age < 18 y	1	Passed	
Virginia	Ban age < 18 y	Ban age < 16 y	2	Passed	

patients with skin cancer. The 3 remaining advocates included a nurse who was a member of a statewide health network and two members of the National Council on Skin Cancer Prevention. Of the 10 advocates, 5 contacted their state or district representative or a lobbyist from a state or national medical organization. Four others contacted state or national health organizations and/or concerned individuals such as melanoma survivors. Nine collaborated with a state dermatologic, pediatric, medical, or cancer society. Advocates contacted legislators after having made previous personal contact (n = 3), via first-time cold-call contact (n = 3), and via social events such as skin cancer screenings and social gatherings (n = 2); one advocate was contacted by a state legislator. One advocate used the National Conference of State

Legislators World Wide Web site to search for legislators on health committees.

Advocates were asked to describe the major barriers for enacting tanning bed legislation (Fig 1). These include strong lobbying efforts by the tanning bed industry (n = 10); proceedings after the bill was filed, such as lengthy debate in committees and failure to pass out of the committee (n = 5); obtaining support from other advocacy organizations (n = 4); obtaining scientific data (n = 2); and finding the right legislator (n = 1).

Advocates used a number of resources to pass tanning bed legislation (Fig 2). These included: discussion with the sponsoring legislator or legislators (n = 9) and other organizations (n = 8), and use of a lobbyist (n = 5). Advocates were asked about

Barriers encountered by advocates in attempting to pass legislation to restrict youth access to tanning beds

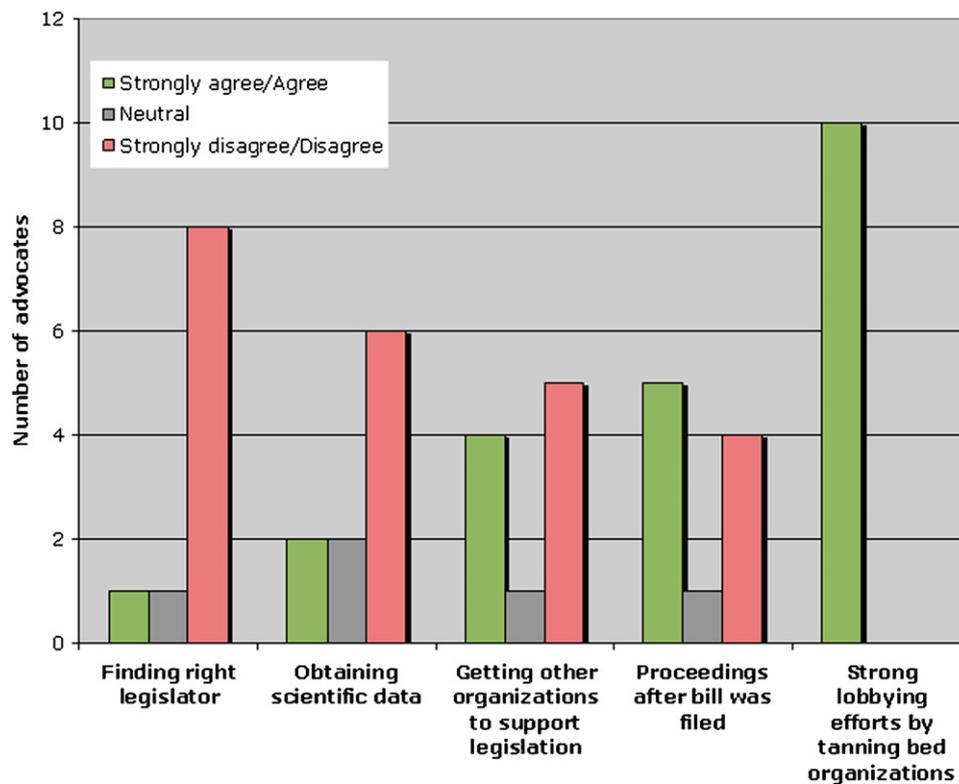


Fig 1. Barriers encountered by advocates in supporting passage of tanning bed legislation.

their legislative efforts, number of sessions spent supporting the bill, and proposed and accepted provisions in the bill (Table D). In states in which the legislation failed ($n = 4$), two advocates mentioned lack of time during the legislative session, one advocate reported lack of support of the bill, and one mentioned regulatory requirements of the bill, high age limit, and sponsorship by a member of the minority party.

Advocates reported the following resources would be useful for future campaigns: “truth squads” (comprised of knowledgeable health care providers, researchers, and public health advocates) to respond to industry ($n = 9$), most current data on the health effects of tanning beds ($n = 7$), recommendations for organizing advocates ($n = 7$), and a national organization to provide experts for testimony ($n = 7$).

Advocates from the 6 states that enacted legislation reported certain similarities: the presence of an AAD lobbyist (6/6 states), dermatologists as key advocates (5/6), the need for future efforts to build a national organization to provide experts for testimony (6/6), and “truth squads” to respond to the tanning bed industry (5/6).

Anecdotal findings in discussions with advocates

Several details relevant to passage or failure to pass legislation were gathered via telephone interviews. In Virginia, the advocate noted that the political climate was prime for proposal of the tanning bed legislation because some counties had restrictions against underage tanning whereas others did not. In the end, the tanning bed industry sought a set of consistent statewide laws. These counties supported legislation to prevent underage persons from using tanning beds statewide because they believed the policy would equalize the market for all tanning bed vendors within the state.

In Maryland, the responding advocate reported that Miss Maryland was instrumental in gaining support for the bill and bringing the bill to the forefront. The pageant winner, a skin cancer survivor, had been given a diagnosis of skin cancer and attributed this to her excessive tanning as a youth. Although the bill did not pass, the advocate noted that obtaining testimony from organizations and visible individuals such as Miss Maryland were invaluable. In Michigan, the advocate educated

Resources used to aid in the passage of tanning legislation

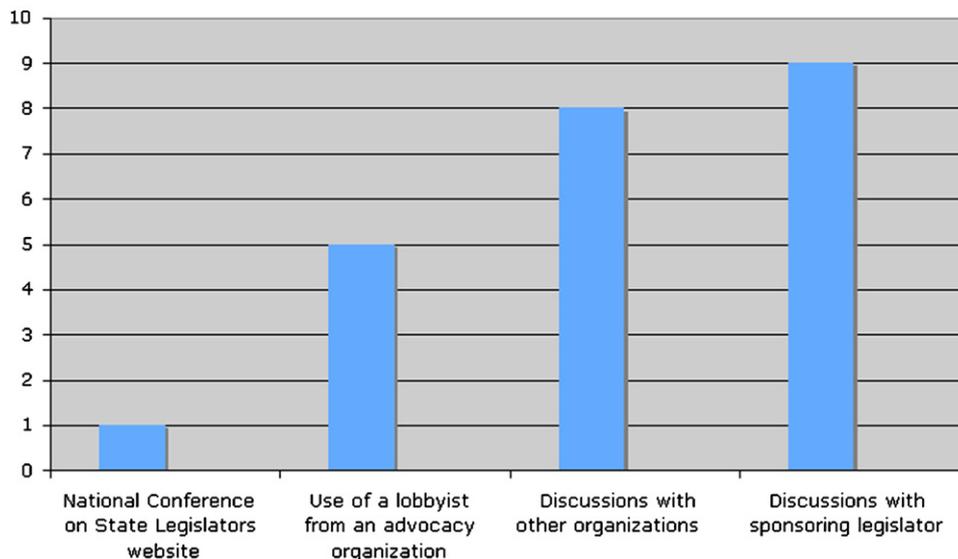


Fig 2. Resources used by advocates to find out how to pass tanning bed legislation.

legislators regarding the issue of underage tanning by distributing a binder with facts and figures, creating interest at social events and small meetings at coffee shops as a primary means of gaining support from legislators.

Legislators

Of the 5 states where legislators completed surveys, two passed legislation. Three legislators were made aware of the issue of underage tanning via contact with a dermatologist; the other two were contacted by another legislator who had previously sponsored a bill to allow use of sunscreen in schools. Factors predisposing legislators to support a tanning bed bill included: previous knowledge via contact with a health care provider (n = 5), contact from an informed advocate (n = 4), or hearing about the dangers of tanning beds in the media (n = 2) (more than one answer was accepted).

Two of the 5 legislators wanted bans for minors younger than 18 years and 3 others sought legislation for younger children. Barriers encountered by legislators included making other legislators aware of the issue of underage tanning bed use (n = 4), strong lobbying efforts by tanning bed industry (n = 3), achieving consensus on most effective legislation (n = 2), and obtaining scientific data (n = 1) (more than one answer was accepted). None of the responding legislators found the slow-paced nature of the legislative process to be an obstacle.

To enforce tanning bed legislation, legislators proposed frequent unannounced inspections (n =

4), fines (n = 3), education of tanning salon staff and owners (n = 2), and public education combined with a prohibition (n = 1) (more than one answer was accepted).

DISCUSSION

Our study of advocate and sponsoring legislator efforts to enact legislation to restrict youth access to tanning beds highlights distinctive findings. Dermatologists played key roles in legislation that passed or failed, often using lobbyists, and collaborating frequently with state medical, dermatology, pediatric, and ophthalmology societies, which provided testimony, networking opportunities with other supportive advocates and legislators, and at times access to a lobbyist.

Nine of 10 advocates reported that “truth squads” who could respond to organizations seeking to block legislation would be a helpful resource; all of the advocates reported that strong lobbying by the tanning bed industry was their biggest obstacle.

Advocates offered the following recommendations to those seeking new legislation: (1) use local medical, pediatric, and dermatology societies; (2) add a personal touch to testimony—invite past skin cancer survivors, and persons from national anti-skin cancer organizations to testify; (3) solicit aid from national organizations, if individual presence at discussion of the bill is impossible, gather letters of support from societies; (4) gather support from a leader of the majority party in both the House and Senate; and (5) anticipate the response from

supporters of tanning beds by preparing and educating legislators before their testimony.

Legislators reported that the most significant barrier to passage of the bill was making other legislators aware of the health effects of tanning bed use ($n = 4$). The factor most predictive of legislator sponsorship of the bill was previous contact with a health care provider, and 4 of 5 legislators reported frequent unannounced inspections as the most effective way to enforce legislation.

Our study has several limitations including responses from only two thirds of advocates and one third of legislators. In many states, sessions are limited throughout the year and legislators have additional nonlegislative responsibilities; thus we were unable to make contact with several of the legislators. In addition, contact information for several legislators listed on state World Wide Web sites was outdated. However, the survey sample includes all of the 15 states that proposed legislation in 2006, the year in which the advocate and legislative surveys were conducted. Given the fact that only 40% of the states surveyed in 2006 passed legislation, and we collected survey data from advocates in 100% of these states, we believe that it is representative of the range of experiences states are facing as they propose new legislation.

We were unable to compare experiences from advocates and legislators in the same states. To obtain a more representative sample, researchers could survey legislators throughout the year, contact legislative aides, or obtain survey data at national legislator conferences. It is worth noting that when compared with e-mail, telephone surveys yielded more detailed, personal information from advocates and legislators who elected to be interviewed via telephone. In hindsight, we would administer only telephone surveys to advocates and e-mail surveys to legislators while informing legislators of the possibility of a telephone interview if schedules permit.

Despite the limitations of our study, our findings are relevant to states that are currently proposing tanning bed legislation. A survey of national tanning bed legislation finds that as of 2009, 29 states have proposed and passed legislation.¹¹ The most stringent legislation is in Texas, which bans use of tanning beds by minors younger than 16.5 years.¹¹ Wisconsin and Illinois have prohibited use of tanning establishments by youth aged 16 and 14 years or younger, respectively.¹³ States such as Oregon, Illinois, South Carolina, Florida, Indiana, Iowa, and Rhode Island also have stringent laws regarding minimum age requirements,¹⁴ however, many states require only written or in-person parental consent for varying ages younger than 18 years and some

require a doctor's note.¹⁵ In Australia, the states of Victoria and South Australia prohibit use of tanning beds by minors younger than 18 years and all fair-skinned individuals with type I skin.^{16,17} In Australia, there is also a nationwide regulation that prohibits use of tanning beds among youth younger than 15 years; youth aged 15 to 18 years with type I skin require parental consent.¹⁸ The World Health Organization recommends that youth younger than 18 years and people with skin types I and II be prohibited from using tanning beds.¹⁹ In North America, only the province of New Brunswick, Canada, prohibits tanning bed use by youth aged 18 years or younger¹³ and in France, tanning bed use by persons younger than 18 years has been banned since 1997.²⁰

Although many states restrict youth access to tanning beds by requiring parental consent, this provision has not been significantly effective in reducing the prevalence of tanning by minors nationally.^{9,21} States that have passed laws imposing an age restriction on tanning have been more successful in reducing the prevalence of tanning by youth than states that simply require parental consent.⁹ Tanning bed establishments use tactics such as advertising in local newspapers to target high school students and increase youth exposure to tanning.^{3,22} A key method to counter this tactic would be to draft legislation that limits or prohibits tanning advertisements targeting minors in local newspapers.³ One study also found a correlation between the number of tanning facilities and white race as well as a greater percentage of girls and women aged 15 to 29 years according to census data.^{23,24} This finding can be used to identify high-risk communities, implementing and tailoring sun safety programs and tanning legislation to these communities.

Our study highlights themes that have been noted in efforts to restrict tobacco use for underage persons. Opposition to tobacco control legislation has been observed in many states, and the strategies used to draft and enforce effective tobacco policy would be similarly beneficial when applied to policy restricting youth access to tanning beds.²⁵ In formulating legislation, the following have been found to increase effectiveness of tobacco policy²⁶: (1) study of existing laws to measure effectiveness of the policy; (2) assessment of the legal limitations of the policy; (3) analysis of the legislative cycle to determine the most optimal time at which to propose the legislation; and (4) gathering information on past voting records of potential supporters of the legislation.

Other legislative efforts to curb the use of tobacco for minors are noteworthy and pertinent to tanning

bed legislation. For example, the inclusion of enforcement provisions within the legislation is necessary. Effective enforcement of tobacco policy includes sanctioning of owners and managers instead of salespersons, penalties to retailers that are easy to administer, and the use of the penalties to maintain monitoring.^{3,27} This same methodology can be applied to tanning bed legislation using non-scheduled monitoring and fines collected to maintain enforcement.²¹ Another strategy that the tanning bed control advocates and legislators may want to adopt from the tobacco control movement is that of incremental change. Tobacco control advocates passed small pieces of legislation, such as limited bans (beginning with prohibition of smoking in planes, followed by bars, then restaurants), rather than try to ban tobacco from all businesses in a single legislative attempt.²⁶ Similarly, legislators and advocates may succeed if they attempt to enact individual components of a tanning bed restriction policy; isolated examples may include initial policies to require signs posted alerting the tanning bed user to the dangers of tanning, followed by limitations on advertising in newspapers and an age restriction.³

Recommendations

It is noteworthy that 9 of 10 advocates responded that "truth squads" (comprised of knowledgeable health care providers, researchers, and public health advocates) would have been most helpful. The AAD could address this need by establishing a council of AAD expert members who would be willing to partner with a skin cancer prevention organization. Another possible resource would be a listing of state and national lobbyists that have an interest in enacting tanning bed legislation and/or have previously worked with other advocates in supporting legislation.

Because all advocates reported that lobbying by the tanning bed industry was a major obstacle in passing legislation, a description of industry and counter-industry arguments should be made available on the World Wide Web sites of all advocacy organizations.

CONCLUSION

Legislation to restrict youth access to tanning beds has been attempted in several states.^{11,13,15} States that impose age restrictions on tanning bed use are more effective than states requiring only parental consent in decreasing the prevalence of tanning bed use among youth.^{9,28} Herein, we found that successful advocates collaborated with local and national organizations, and lobbyists had direct contact with the sponsoring legislator who aided in enactment of

the bill. Collaboration with multiple and diverse sources can increase the chances of successful passage of legislation. Lessons learned from this pilot survey of advocates and legislators and larger ones to follow can pave the way for planning of new campaigns to restrict tanning bed use by minors.

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