

Transcript Prepared by Clerk of Legislature Transcribers Office  
Health and Human Services Committee January 25, 2019

**HOWARD:** Welcome to your Health and Human Services Committee. I'm Senator Sara Howard; I chair the committee. I represent District 9 in midtown Omaha. We'll do more formal policies and procedures at 1:30 when we start our, our formal hearings, but this afternoon we've invited Liz Hruska, from the Legislative Fiscal Office, to brief us on Medicaid financing. This is part of a series of briefings that the committee will be doing over the course of this session, as part of our educational responsibilities for both the committee as well as the Legislature as a whole. And so with that, there's a handout. And Liz Hruska, you are welcome to teach us as much as you know about Medicaid financing.

**LIZ HRUSKA:** In a half hour or less [LAUGHTER].

**HOWARD:** In 20 minutes so that we leave time for questions.

**LIZ HRUSKA:** Yes. And actually, if you have questions while I'm briefing, I'm fine with asking them at that time, if you want. Good afternoon, Senator Howard and members of the Health and Human Services Committee. As Senator Howard said, my name is Liz Hruska, and I'm an analyst in the Legislative Fiscal Office. I appreciate the opportunity to appear before you to go, to give an overview of Medicaid financing. There are basically three kind of major categories in the Medicaid program. The first, and the largest, would be kind of the core Medicaid program, or regular Medicaid program. It covers low-income children, parents, the elderly, persons with disabilities, and pregnant women. Second would be the Children's Health Insurance Program, otherwise known, known as CHIP, and that covers children at a higher income level than the regular Medicaid program. And the other criteria is that children need to be without credible health insurance. And the third category is Medicaid expansion, which covers adults ages 19-64, both parents and single individuals. And all of these programs are means-tested. They all have different eligibility criteria, but they do have, they are all means-tested. I'll start with the Medicaid program. Congress created the program in 1965, and Nebraska began offering it in 1966. It is a joint partnership between the federal government and the states. And the program is administered by the Centers for Medicare and Medicaid Services, or CMS. The Medicaid program has mandated coverages for certain populations. And beyond that, states have the option to, within limits, to cover beyond the minimum coverage. And similarly, there are mandatory services all states must cover and optional services. And the optional services, most states cover quite a few of those services. It was really 1960,

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by private insurance model, so even though it says it's optional, most of these services actually help contain overall Medicaid costs. All 50 states and the territories off, offer Medicaid programs, although participation is not required. States agreeing to participate are, are required to meet certain minimum requirements regarding covered services and eligibility in order to obtain federal financial participation. The federal financial participation is otherwise known as the FMAP, and it ranges from 50 percent to 83 percent. It is based on a formula that uses a three-year rolling average of the per capita personal income compared to the national average, and it is recalculated every year. And in the next budget year, the FMAP is increasing by 2.14 percent, saving the state \$33.4 million in fiscal year '20, and the estimated savings in fiscal year '21 are \$45.6 million. The federal match rate for federal fiscal year '19, which is the fiscal year we are currently in, is 52.6 percent and the state share is 47.4 percent. Family planning services are matched at 90/10 percent. This is the only one that I'm aware of that actually has a different match rate in the regular Medicaid program. The state's match is primarily funded through the state General Funds, but we also use cash funds, and those are mostly from the Health Care Cash Fund and from provider taxes; and those are allowable to be used as our state match. In state fiscal year '18, Medicaid expenditures totaled just under \$2 billion, and the General Fund portion of that was \$843 million, which is a, just about 20 percent of the state General Fund total. And then we also spent an additional \$36.5 million from cash funds, and the balance of \$1.1 billion came from federal funds. And In fiscal year '18, the monthly average number of persons served was 208,475 individuals. The next program is the Children's Health Insurance Program. This was created in 1998, and Nebraska being, began coverage in 1999. The Children's Health Insurance Program receives an enhanced, an enhanced match, which is calculated by reducing the state's share by 30 percent. And it is a capped amount federally. Expenditures above the cap-- we're still eligible for federal funds, but they are, they revert to the regular Medicaid match rate. And since the start of the CHIP program, Nebraska has never reached that cap. There is an ability, at the federal level, to move money around. If states underutilize some funds, they can be distributed to other states. And we, we've just always been under that, that cap, or able to fully fund CHIP at the enhanced rate. And this-- let's see. Right now, in the current fiscal year, there's a 23 percent additional federal match for the CHIP program, but it's temporary. So we're at just under 90 percent right now. Next fiscal year, or the next federal fiscal year, it will drop down to 66.81 percent, and then the state

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share will be 33.2 percent; and the match is from state General Funds and from the Health Care Cash Fund. During the current fiscal year-- or in fiscal year '18, last fiscal, the last completed fiscal year-- we spent \$89.4 million, and of that amount, the General Fund was \$2.7 million, and cash funds from the Health Care Cash Fund were \$7 million. And we served an average monthly number of children of 33,492. Administrative expenses are generally matched at 50/50, with the exception of certain IT expenditures, and some of those it is, are matched up to as much as 90 percent. So in the last completed fiscal year, '18, administrative expenses were \$44 million with \$14.6 from General Funds, \$1.2 million from cash funds and \$ 2., or \$27.8 million were from federal funds. And the last category is Medicaid expansion, which was created as part of the Affordable Care Act, which originally it was a state mandate, but the Supreme Court ruled that it needed to be an option. And this allows states to cut, to extend coverage to adults ages, 19-64, who are not pregnant, who are not on Medicare. This is the first time nonelderly, nonable, single individuals with no dependents will be eligible for Medicaid in the state. So Nebraska voters recently, as you are all aware, recently approved Medicaid expansion, and the department is working towards implementation right now. The initial match rate for Medicaid expansion started out at 100 percent and it's, it was, there was a phase-down reduction to 90 percent. By the time Nebraska starts, we will start at the 90 percent match rate because, in order to claim the higher match rates, the states have to already be offering those services. So there's not some retroactive ability of the state to claim at a higher amount. The estimated aid expenses in fiscal year '20 for Medicaid expansion are \$170.9 million: \$18.4 million from General Funds and \$152.5 million will come from federal funds. And they estimate, the estimate is initially about 58,000 people will sign up for it, and then that number we expect to keep growing until it, it sort of levels off after about a three-year period. The administrative costs for Medicaid expansion are estimated at \$4.6 million, of which \$1.5 will come from General Funds, and there are estimate, there are estimated offsets of about \$2.9 million in General Funds. These are savings where people will be able to be in the Medicaid expansion population, either in the Medicaid program at a higher match rate or-- most of this, the savings are from 100 percent General-Funded programs, like the State Disability Program and Behavioral Health services. I had touched upon provider taxes as being part of the state match. Nebraska has provider taxes on two classes of providers: the ICF/DD facilities and nursing facilities. And provider taxes are an allowable match, but there are certain federal rules that states have to comply with. The tax must be

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broad-based and uniformly applied to all providers within specified classes; states cannot limit the tax just to Medicaid providers. The tax also cannot exceed 25 percent of the state's share, and states can't guarantee that providers will be held harmless. And taxes levied at 5.5 percent or less on, are generally considered to meet the federal standard. And that is the end of my presentation.

**HOWARD:** Thank you. Are there questions? Senator Arch.

**ARCH:** Liz, help me understand on Medicaid expansion. So these, these are for adults with no dependents?

**LIZ HRUSKA:** Correct. Well, there are parents. We cover low-income parents. We are at about 58 percent of the federal poverty level, and Medicaid expansion would cover up to 138 percent of poverty, so--

**ARCH:** OK, OK. So it will, there will be those who will have dependents in, in that population.

**LIZ HRUSKA:** That's correct.

**ARCH:** How-- but, but the children-- how do I say this-- the children will stay in the regular Medicaid program, it's only the adults that will be covered under the Medicaid expansion program?

**LIZ HRUSKA:** They would either be in regular Medicaid or CHIP.

**ARCH:** Or CHIP.

**LIZ HRUSKA:** Right.

**ARCH:** Correct.

**LIZ HRUSKA:** But the children would, yes.

**ARCH:** Children's. So, so it isn't a family, Medicaid expansion is not a family program.

**LIZ HRUSKA:** No.

**ARCH:** It's strictly adults--

**LIZ HRUSKA:** Correct.

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**ARCH:** --except some may be in regular Medicaid now that will go to Medicaid expansion. Some adults would be in regular Medicaid that go to--

**LIZ HRUSKA:** If they're in regular Medicaid now, they stay there. So if my--

**ARCH:** So you'll, so eligibility will increase, but if they're in regular--

**LIZ HRUSKA:** Right.

**ARCH:** I see.

**LIZ HRUSKA:** Right.

**ARCH:** I see.

**LIZ HRUSKA:** So if they're at 30 percent of poverty right now and they're on regular Medicaid, they will continue in that, and we'll, we will get the lower match.

**ARCH:** I know the FMAP is a complicated formula. Why, in general terms, did our percent go up?

**LIZ HRUSKA:** Again, it's a three-year rolling average, so there's always some lag. And it's Nebraska compared to all other states. I'm not our, I'm not the forecaster in our office, so I don't know exactly what's happening, as far as personal income. But it's kind of a set formula with the-- I, I think they go, gather personal income--

**ARCH:** Yeah, there's a number of variables in it that could affect that, but--

**LIZ HRUSKA:** Right. There's another department, not CMS, that gathers that information, and they turn it over to CMS and they just apply it to the match rate. So because our match rate is going up, there's an indication Nebraska is not doing as well as the national average. But what's driving that-- that's not really my area, unfortunately.

**ARCH:** OK.

**HOWARD:** Other questions? Senator Williams.

**WILLIAMS:** Thank you, Chairwoman Howard. Thank you, Liz, for being here. Just so that I understand this better and maybe we all do, you

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talked several times about the funding coming from the state's General Fund or the Health Care Cash Fund. Can you describe the Health Care Cash Fund?

**LIZ HRUSKA:** The Health Care Cash Fund initially had two sources of revenue, the largest being a settlement that our state, along with, I think, a total of 26 states, settled with the tobacco manufacturers. And every year, based on volume and other conditions in the settlement, Nebraska receives-- we're continuing to receive about \$35 million--\$37 million a year. The other was at about the same time that the tobacco settlement went through. We were able to use an intergovernmental transfer program and that was, there was a federal payment standard that we were under for nursing homes, so publicly-owned nursing homes would bill the state at the cap, not their regular rate, and then return the money to the state. With the federal match they would get, they would may be made whole. And then we were able to deposit the federal match into another fund, the Intergovernmental Transfer Fund [SIC]. That has, that was shut down by the federal government. It was kind of a loophole that all starts, all states started to take advantage of. And so that, that fund pretty much will be going away, the way we've structured the budget. Tobacco settlement continues to get money. And then there was a bill that also deposited some additional cigarette tax money into the Health Care Cash Fund. And the purpose of the Health Care Cash Fund is for health-related programs. And the Legislature, since it was created in 2001, has, has kept it solely for health-related programs. I think I talked with Senator Howard and I'll probably do a briefing on that, at some point, more in depth, with the committee.

**WILLIAMS:** Is there an end date to the settlement with money that comes in? Or is that--

**LIZ HRUSKA:** It's in perpetuity. As smoking maybe decreases, revenue may fall off. I'm actually surprised it's continued to come up, come in as strong as it has. But the--

**WILLIAMS:** Yeah.

**LIZ HRUSKA:** Everyone's complied with the terms of the settlement, so we continue to get the funding.

**WILLIAMS:** Thank you.

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**HOWARD:** Other questions?

**LIZ HRUSKA:** Oh, you're very easy on me.

**HOWARD:** Yeah. I did have, I did have one. And thank you for talking about the Health Care Cash Fund. We are going to do another briefing specific to what's going into the Health Care Cash Fund, what we're utilizing it for, and then how we're going to ensure that it's sustainable, because I believe we're using the principal right now. I just had a quick question on the temporary increase to CHIP right now, for this fiscal year. Why, why do we have that temporary increase? Do you know?

**LIZ HRUSKA:** It was just part of the, it was part of a federal law, and I can't remember if it was the ACA or if it was something that followed, maybe--

**HOWARD:** The ACA.

**LIZ HRUSKA:** But-- I don't see Rocky, but--

**HOWARD:** So it was for--

**LIZ HRUSKA:** But it is expiring, and I don't, off the top of my head I can't remember. I just remember we do, we are receiving it.

**HOWARD:** OK, perfect. Any other questions for-- oh, Senator Murman.

**MURMAN:** Oh, thanks a lot for giving us this, giving us this information, Liz. Is the population that uses Medicaid a higher percentage of minorities than the general population?

**LIZ HRUSKA:** I don't--

**MURMAN:** Do you know?

**LIZ HRUSKA:** I don't have any information on that, and I don't, I haven't seen any report that even report that.

**MURMAN:** OK. Well, the reason I was asking-- family planning services are matched at a higher rate in Medicaid.

**LIZ HRUSKA:** Right.

**MURMAN:** Do you-- is there a reason for that?

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**LIZ HRUSKA:** I don't know. I've been in my position for 35 years, and that's been the match rate. So more than likely-- when I started with the state, Medicaid had not changed significantly since it was originally passed. There were very, very small changes. Since I started with the state, I've seen a lot of changes. But from the very beginning, it had a higher match and I don't, I don't know what the history of that is.

**MURMAN:** Well, of course my concern with that is that there's, you know, possibly a racial bias with that.

**LIZ HRUSKA:** Yeah, and I don't-- like as I said, I'm pretty sure it was part of the original 1965 law. Beyond that, I don't really have any information.

**MURMAN:** Well, thanks a lot.

**HOWARD:** Any other questions. All right. Seeing none, thank you for this briefing. We really appreciate it.

**LIZ HRUSKA:** All right. Thank you.

**WILLIAMS:** Thanks, Liz.

**HOWARD:** [RECORDER MALFUNCTION]-- Human Services Committee. My name is Senator Sara Howard, and I represent District 9 in midtown Omaha. I'd like to invite the members of the Committee to introduce themselves, starting on my right with Senator Murman.

**MURMAN:** I'm Senator Dave Murman from District 38. It's six whole counties and part of a seventh in south-central Nebraska.

**ARCH:** John Arch, District 14: Papillion and La Vista.

**WILLIAMS:** Matt Williams, Legislative District 36: Dawson, Custer, and the north portions of Buffalo County.

**CAVANAUGH:** Machaela Cavanaugh, District 6: west-central Omaha in Douglas County.

**B. HANSEN:** Ben Hansen, District 16: Washington, Burt, and Cuming County.



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**HOWARD:** And we are joined today by our legal counsel, Jennifer Carter, and our committee clerk, Sherry Shaffer, and our committee pages. We usually have two.

\_\_\_\_\_ : [INAUDIBLE].

**CAVANAUGH:** One is delivering my [INAUDIBLE].

**HOWARD:** Oh, one, one is on an, gone on an errand, so-- and a few notes about our policies and procedures. Please turn off or silence your cell phones. This afternoon we'll be hearing one bill, but it's very important bill-- Senator Kolowski. And we'll be taking them in the order listed on the agenda outside the room. On each of the tables near the doors to the hearing room, you'll find green testifier sheets. If you are planning on testifying today, please fill one out and hand it to Sherry when you come up to testify. This will help us keep an accurate record of the hearing. If you are not testifying at the microphone, but would still like to be on record on this bill, there are white sign-in sheets next to the doors where you may leave your name and other pertinent information. Also I would note that, if you're not testifying but had wanted to submit a letter for the record, the Legislature's policy is that you submit that by 5:00 p.m., the day before the hearing. Any handouts submitted by testifiers will also be included in the record as exhibits. We would ask that, if you do have handouts, that you provide us with ten copies and give them to the page when you come to testify. We do use a light system in the Health and Human Services Committee. Each testifier has five minutes so you'll have a green light for four, a yellow light for one, and at the red light, I will start indicating that you need to conclude your testimony. When you come up to testify, please state your name clearly into the microphone, and please spell both your first and last name. The hearing on each bill will begin with the introducer's opening statement. After the opening statement we'll hear from supporters, then those in opposition, those wishing to testify in a neutral capacity, and then the introducer of the bill will be given the opportunity for closing statements, if they wish to do so. We do have a strict no-props policy in this committee. And with that, we will begin today's hearing with LB140, Senator Kolowski's bill to change provisions relating to the Indoor Tanning Facility Act. Welcome, Senator Kolowski.

**KOLOWSKI:** Thank you, Madam Chair. It's a pleasure to be here today and have this opportunity to present to you. Good afternoon. My name is Rick Kolowski, R-i-c-k K-o-l-o-w-s-k-i, and I represent the 31st

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Legislative District. I'm here today to introduce LB140 because I believe we need to do everything we can to protect Nebraska's youth. LB140 revisits a law passed several years ago that enabled minors, aged 16 and younger, to use tanning beds with the signed consent of a legal guardian. The problem is that indoor tanning devices emit highly concentrated UV rays that are carcinogenic. They cause cancer. In fact, the greatest known risk for skin cancer is the use of tanning devices. And so despite the Legislature's best intentions in 2013, we have continued to see a rise in skin cancers in Nebraska. By looking at the handout that I have submitted to the committee-- or will be-- you'll notice that, alarmingly, the rate of melanoma, the deadliest of skin cancers, has steadily increased since the enactment of the original law. There simply is no clear evidence to show that current law is effective-- is ineffective, I'm sorry. As you would probably guess, my passion for this issue stems from things I had witnessed during my 15-year tenure as principal at Millard West High School. I could not believe how young people so anxiously rushed to tan and, by doing so, put themselves and their danger, their safety in danger just to achieve a particular skin tone. It usually occurred during the homecoming and prom seasons, but it was not exclusive to just those times of year. Many students would tan year round. As the policy of making, as the policy-making body for the state of Nebraska, the Legislature has set strong and consistent precedent of protecting young people and their safety from long-term consequences of their actions. State statutes forbid the sale of alcohol and cigarettes to youth because we know the long-term health risks that those habits pose, and because science also tells us that youth have a diminished capacity to understand and weigh those long-term consequences before taking action. We don't allow youth to purchase a handgun. We don't allow them to consent to tattoos and piercings. We don't even allow youth under 17 to see certain movies. Why would we allow them to continuously and regularly expose themselves to a product that the World Health Organization says is a Class 1 [SIC] carcinogenic, which of the same can't, which is the same category as tobacco, asbestos, and arsenic. I do not believe that any member of this committee would favor lowering the age of purchase of tobacco products, even if businesses in your district reached out to you about how it could improve their bottom line. Last year on the floor we heard the minority of senators opposing the bill characterize it as antibusiness. I wish to point out that this bill does not require the licensure of facilities providing the use of commercial indoor tanning devices. That provision was intentionally left out to appease the probusiness sentiment of last year's legislative body. That is the

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compromise being made. As you will hear from those who testify after me, the science on this topic is cut and dried. The debate is over. It is time for us to fix a law that does not currently work. If Nebraska keeps current law with the so-called parental consent provision, then we, as the policy body, making body for the state, are assuming that parents are making an informed decision. However, as I stated earlier, the skin cancer rates have steadily increased so we know that parental consent has not worked. Therefore, any counterproposal to compromise on this issue by raising the age for parental consent from 16 to 18, is no compromise at all. We certainly cannot prevent all forms of cancer, but we should take action to prevent those that we can prevent. We know that this proposal would do just that. The current law is inadequate. Nebraska's youth deserves protection. I mentioned earlier that we have experts with us today who can speak eloquently to the science and effectiveness of the proposal. We also have several individuals, cancer survivors who will share with you their personal stories. Testifying after me will be Dr. Len Lichtenfeld, Lichtenfeld, current chief medical officer for the American Cancer Society, who flew in from Atlanta to testify on this bill today. I'll end with that. And do you have any questions, please?

**HOWARD:** Thank you, Senator.

**KOLOWSKI:** Thank you.

**HOWARD:** Are there questions? Senator Arch.

**KOLOWSKI:** Yes, sir.

**ARCH:** You mentioned, you mentioned a handout that, that, that had those rates.

**KOLOWSKI:** I'm sorry I didn't get that out to you.

**ARCH:** OK, OK, so you'll get--

**KOLOWSKI:** Yeah, absolutely. Yeah.

**ARCH:** You'll get that to us; that'd be helpful. Thank you.

**HOWARD:** Other questions? Seeing none, will you be staying to close?

**KOLOWSKI:** I will; thank you.

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**HOWARD:** Thank you. We'll now invite our first proponent testifier up.

**LEN LICHTENFELD:** Good afternoon, Madam Chair. Members of the committee, my name is Dr. Len Lichtenfeld, and I'm the interim chief medical scientific officer for the American Cancer Society. I'm with you today to speak on behalf of the American Cancer Society Cancer Action Network. For the record, I'm also the chair of the National Council on Skin Cancer Prevention. And I'm here to speak in support of LB140.

**HOWARD:** Excuse me. Could I ask you to spell your name for the record?

**LEN LICHTENFELD:** Sure. I'm sorry; I apologize. First name is, well, Len, L-e-n as in Nancy; last name Lichtenfeld, L-i-c-h-t as in Tom-e-n as in Nancy-f as in Frank-e-l-d as in David. Thank you. Skin cancer remains the most common cancer in the United States. We estimate that, as of 2012, there are about 5.4 million skin cancers and 3.3 million people diagnosed every year. And melanoma remains obviously the most serious form of skin cancer. In 2019 the American Cancer Society estimates that 96,480 people will develop a skin cancer. 7,230 will die-- not skin cancer but melanoma. 7,230 will die of melanoma and, in addition, 95,830 people will develop what we call in situ, or noninvasive, melanomas. So consequently, it's a very serious problem across the board. And tanning and UV exposure clearly impacts the rates of all of those cancers. In 2009 the International Agency for the Research on Cancer [SIC] classified UV-admitting tanning devices as a Class 1 [SIC] carcinogen. And the CDC has recently estimated that 6,000 cases a year of melanoma are related to indoor tanning. So the, the consequences are severe, as I had mentioned before. Melanoma risk increases by about 60 percent for, for people who begin indoor tanning before the age of 35, and it increases with the total amount of exposure, based on hours, sessions, years of tanning devices used. This, as I mentioned, also applies to basal and squamous cell carcinoma. And the reality is that there's substantial direct and indirect medical care costs associated with this disease. Misinformation and deceptive practices from the indoor tanning industry and salons are partly to blame for the continued elevated rates of tanning among high school girls. And this has been supported by research from the 2012 Congressional Report and a settlement with the Federal Trade Commission, in 2010, with the Indoor Tanning Association. And although we've seen a decline in indoor tanning use by youth over the past several years, the reality it still remains a very serious problem. In Nebraska, indoor tanning use in high school

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students has dropped from 18.5 percent in 2011 to 8.3 percent in 2017; however the prevalence rates for Nebraska students in the 12th grade remains at 14.3 percent. And I would point out that these are rates in high school students, not boys, not girls. So the actual use of indoor tanning is likely much higher than that rate. In 2014 the Surgeon General issued a call to action where Dr. Lushniak, who's a strong advocate regarding this issue, included a call to action to reduce exposure to indoor tanning, indoor tanning devices. In 2014 the Food and Drug Administration changed the classification of these devices from Class 1 to Class 2, and that is from something that's generally not harmful to something that has moderate to severe risk of harm to users. And in addition, in addition, the FDA has a black box warning on tanning devices that clearly states they should not be used by youth under the age of 18. Finally, 17 states and the District of Columbia have enacted strict prohibitions and restrictions on access to youth under the age of 18, and numerous local jurisdictions have also followed suit. Many medical organizations, and too numerous to mention here, either have policies or comments in support of this type of legislation to restrict access to tanning beds and youth under the age of 18: The American Medical Association, the Nebraska Medical Association, certainly the CDC, the FDA, the World Health Organization, we've talked about IARC, all of these organizations. The weight of the evidence is substantial. There is little question in the international medical community, at every level, that tanning beds-- there's little dispute that tanning beds are harmful and access should be limited. In fact, some have even argued for complete abolishment, shall we say, a restriction for all. But we're not talking about that here today. Some states, such as Minnesota, have enacted strict prohibitions and have seen dramatic declines in indoor tanning among their young women. The CDC predicts that prohibiting indoor tanning among minors younger than the age of 18 could prevent-- I'm sorry-- close to 62,000 melanoma cases and 6,025 melanoma deaths over a group's lifetime. And that certainly is substantial and has a huge impact. Because the science demonstrates that tanning devices cause cancer and that age restrictions can be effective at reducing teen tanning, the ACS CAN strongly supports LB140, to prohibit minors under the age of 18 from using indoor tanning devices, without any exceptions. We believe that this is necessary to protect the youth of the state of Nebraska. We have similar age restrictions, as has been mentioned by Senator Kolowski and other arenas, and we believe that the passage of this legislation will put Nebraska in the appropriate place to protect its youth from the potential risk and, unfortunately, fatalities resulting from skin cancer. Thank you very much, Madam

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Chair, and I certainly am willing to answer any questions and provide any information that may be relevant. Thank you.

**HOWARD:** Thank you. Are there questions? Senator Williams.

**WILLIAMS:** Thank you, Senator Howard. And thank you, Doctor, for being here today. Since you have the opportunity to be around the country and see a lot of things that other states may be doing, is the proposed legislation that we have in front of us what you would say is the best solution at this point in time?

**LEN LICHTENFELD:** Yes. I mean the, the answer to the question-- I don't mean to trite or short-- but the answer to the question is, simply, yes. Other states have enacted this legislation, as I said, 17 states and the District of Columbia. Other states do have permissive laws such as exists here in Nebraska, but we clearly believe, and experts clearly believe that restriction under the age of 18 is important and sends a very clear message that this is a dangerous behavior and that there is this very serious risk for those who engage in that behavior.

**WILLIAMS:** Thank you.

**HOWARD:** Other questions? Senator Hansen.

**B. HANSEN:** Thank you, Doctor, for coming; appreciate it. According to your graph, when you say estimated new cases of melanoma in Nebraska, that I'm looking at here. I don't have the statistics in front of me, but what do you think? I see a decrease in 2010 and 2012. Do you know what that might be attributed to, or why it was like? I mean, it's hard to tell because when I look, like to look at numbers and statistics, I want to see like maybe the previous 20 years.

**LEN LICHTENFELD:** I want to make sure you're looking, we're looking at the same numbers. You're talking about in the testimony? Or--

**B. HANSEN:** No, this is, [INAUDIBLE] provided in a handout here.

**LEN LICHTENFELD:** I'm not--

**B. HANSEN:** OK.

**LEN LICHTENFELD:** If I can see the handout.

**HOWARD:** So I don't think that was handed out with his--

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**B. HANSEN:** Yep, that's fine. Might be some numbers I found from the American Cancer Society, Cancer Facts and Figures from 2005-2019.

**LEN LICHTENFELD:** Yeah.

**B. HANSEN:** In 2010-2012 it dropped from roughly about 450 cases to about 300 cases or 400 cases. I don't know if that's thousands. And that's in Nebraska.

**LEN LICHTENFELD:** Yeah, I'm not, I don't want to put you in a tough spot to read all the numbers and--

**B. HANSEN:** That's fine. I just didn't know, you know, why we'd see a decrease in melanoma cases in certain times or--

**LEN LICHTENFELD:** Well, well, I--

**B. HANSEN:** Just in your opinion, just curious.

**LEN LICHTENFELD:** It's a, obviously a very fair question and it's a complicated question, so I, you know, I want to try and sort of focus on, on the key points. Number one, there is an article in one of the Journal of American Medical Association journals, relatively recently, that looked at the rates of melanoma in Nebraska from-- and other states around the, all the states in the country. But, you know, it clearly [INAUDIBLE] in Nebraska, where it showed that the rate of melanoma in Nebraska had actually increased from 2003 to 2013.

**B. HANSEN:** OK.

**LEN LICHTENFELD:** And my rough calculation was that that was about 50 percent increase. It did not break, that did not break out the rates in young women. And I keep coming back to the issue about young women because, quite honestly, the target group are non-Hispanic, white females. That's the group that, and as you, someone mentioned about going to proms and so forth, that engage in this behavior and put themselves at that, that serious risk. But the numbers did increase in Nebraska. Now I will also share with you that there is information in the national cancer registries that show a very substantial increase in melanoma rates in women under the age of 50 in Nebraska. That's happened over the last several years and, frankly, I reached out to CDC, to the Centers for Disease Control, because, when you see an increase of that magnitude, you really become concerned as to why that happened. And I will share with you that, number one, we do not have a breakdown in [INAUDIBLE] women under 50. We don't have a breakdown by

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age group within the states, so we don't know about the 20-25 versus 25-30. But we do know that there was a dramatic increase. Again, the reason for that is not known. Some of the general increase in Nebraska I suspect is related to older white males, because this is a farming community and there's a lot of exposure, you know, the things we don't think about. I get asked a lot of questions. As you said, farmers, people who work in amusement parks, golfers, ranchers, you know, that, the people that-- outdoor people like to exercise outdoors. And I'm sorry to say that people who exercise outdoors have recently been shown to have a decreased rate of various cancers, but an increased rate of melanoma. So you have people who want to be healthy and engage in positive behaviors and we don't know, we don't know exactly why that is. We suspect it's because of outdoor exposure. So there are a lot of factors in here. But--

**B. HANSEN:** That might have led me to maybe what my next question is.

**LEN LICHTENFELD:** Sure. I'm sorry.

**B. HANSEN:** Do we know, do we know what the average age of discovery of melanoma is, in females?

**LEN LICHTENFELD:** I don't know the--

**B. HANSEN:** Just the [INAUDIBLE].

**LEN LICHTENFELD:** --average age, but I will tell you in general. In general it's an older person's disease. But that masks the fact that that event starts in childhood. The biggest risk factor for developing melanoma is a sunburn, UV exposure as a child and a young person. And the problem in doing some of the studies is that it takes what we call a sojourn time; that is, the time from the thing that causes the cancer until the cancer actually becomes an event is substantially delayed. So it becomes hard to study. But the reality is there's no question at this point, and this is that we've advanced our science recently. You know, some of the science that I've seen cited in past testimony relies on stuff that was done 15-20 years ago. Current science shows that most melanomas-- the American Cancer Society recently published that over 90 percent in what we call attributable causes of cancer-- that is what causes cancer-- over 95 percent are related to UV exposure. So that's a pretty substantial number. And in addition, when you biopsy a lesion you can now-- even precancerous moles-- you can even find UV signatures, what we called ultraviolet signatures, in the mole sometimes and always, almost always in the



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cancer, meaning that that's the cause or the factor. So, you know, our science is advanced and the concern, that's why there are concerns with this. We have an epidemic of skin cancer. I mean you start talking about-- I don't know about the folks at the committee, I can talk to if my own experience-- I've had several skin cancers removed. My mom had multiple skin cancers removed. I mean it was sort of like it became part of life. For me it was a much more serious situation. But you know, we have an epidemic. We talk about millions of skin cancers every year in the United States; that's a lot. And it starts, it starts in childhood.

**B. HANSEN:** Sure. And the, the reason I ask that-- and I think you kind of alluded to it already--

**LEN LICHTENFELD:** Yeah.

**B. HANSEN:** --is that when I, when I've-- they've probably heard me say this already before. Whenever I try to look at making a law--

**LEN LICHTENFELD:** Yep.

**B. HANSEN:** --I always like to look at trends. And so when we see women in their 50s and 60s, we find increase, according to statistics, in melanoma, how much were they using tanning beds 50, 30, 30 years before?

**LEN LICHTENFELD:** Yeah. Well, I'll, I'll--

**B. HANSEN:** So I'm trying to just look at that correlation. And if, if we see an increase in the suntanning--

**LEN LICHTENFELD:** Yep.

**B. HANSEN:** --when they're 30, then we start to see that trend upward.

**LEN LICHTENFELD:** I will help you with that.

**B. HANSEN:** Yeah. It's, it's--

**LEN LICHTENFELD:** I'll help you with that, OK?

**B. HANSEN:** Statistics can be used any way, and so just always curious.

**LEN LICHTENFELD:** They, they can be used a lot of different ways, and I'll be happy to-- I've got a pile here of stuff that I brought.

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**B. HANSEN:** Yeah, I figured.

**LEN LICHTENFELD:** It's not my big pile; it's my, my edited pile. But I thought I'd bring some stuff with me just to back up what I have to say. Interestingly, melanoma is more common in women. And I don't want to get too complicated here; I'm trying to condense it. It is more, it is more common in women up to the age of 50 and then, after the age of 50, it becomes much more common in men. So people like myself, I mean I, when I was 15 years old-- well, I wasn't 15, a little older than that-- but I was a swim counselor at a camp, right? And we would go out and we would get burned. We didn't know from protection or anything else back then. That generation-- and Jimmy Carter, for example. Jimmy Carter, you know, made his living in farming and he spent a lot of time outdoors. And when he was 90, he developed melanoma. We all know that story. A lot of the exposure for folks like myself happened in young ages, so then it shows up. And in women, the reason they're probably more common under the age of 50 is thought to be, by most experts, related to tanning behaviors-- indoor tanning exposure and other UV, you know, sources: going to the, when they go to the beach or whatever. So it plays a big role. These types of exposures play a huge role in the development of a serious form of skin cancer in women at a younger age. Now, you know, over time we'll see what trends happen. I mean one, you know, it may be that tanning behaviors are beginning to change. Maybe the message is getting out. You know I, I don't know how often you all go to the beach, but I go to the beach once in a while and I do see people that go into the tents and whatever. But the reality is, for women, more risk than a younger age. And then men certainly catch up; they exceed them in older ages.

**HOWARD:** Other questions?

**B. HANSEN:** Can I ask one more? OK. In your opinion, do you, are there other habits or lifestyle habits that would cause skin cancer, such as-- or even environmental aspects that would cause skin cancer, that could lead to melanoma besides tanning beds?

**LEN LICHTENFELD:** Yeah, fair question. And the answer is I don't know of anything other than tanning exposure. And that's why, that's why we're so concerned. I mean this, you know, I had a, I have somebody who is very close to me who, at a young age, did what young girls do. You know, maybe some people in this room have done the same thing. You know, they wanted to be-- look good for the prom, and they went to a, they went to a tanning salon. And I will tell you, you know, that

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maybe-- I don't want to overextend my comments here-- but talking about parental consent. They went to a tanning salon with one parent's consent. They didn't have a second parent's consent; I didn't know. And I will tell, I will tell-- I get a little emotional; I'm sorry about that. My daughter came back red. She was burned. I came back from a business trip and she was, she was red. She had very fair skin, and has very fair skin, fortunately. She's still very fair-skinned, and she should never have been put in a tanning bed. My daughter, at the, in her 30s, lives with this risk on a regular basis. She gets regular dermatology consultations every six months, looking for a melanoma. That was with parental consent. That's-- if, if, that's why I, I'm, I'm going to say a little bit more passionate about this. This is not just a matter of a pile of papers and a bunch of numbers. This is personal. I mentioned that I'm a skin cancer survivor myself. I didn't use tanning beds, but the risk is real, the outcome is real, and I think it's something we all need to be concerned about.

**B. HANSEN:** I appreciate your testimony; I appreciate it. I have a little personal experience myself. My father, when I was about 17, passed away from a malignant melanoma. So those are some of the reasons I asked certain questions, as well. So--

**LEN LICHTENFELD:** That's fine.

**B. HANSEN:** I appreciate your testimony.

**LEN LICHTENFELD:** And by the way, any additional questions that may come up, I'll be more than glad to provide whatever information would be useful for the committee, on a committee level or a personal level.

**HOWARD:** Any other questions? Senator Murman.

**MURMAN:** Yes. Thanks a lot for coming in. I'm interested in why there's a difference between males and females, as to why the females typically develop the skin cancer earlier than males, because in this part of the country farming-- probably the males are out more in the sun earlier than the females.

**LEN LICHTENFELD:** Well, they're out in the sun except for the tanning beds.

**MURMAN:** OK.

**LEN LICHTENFELD:** Right? And tanning beds are high concentration of sunlight in a very short period of time. They are carcinogenic,

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they're the exposure, and they're likely-- now maybe that's not true. I think that's true here in Nebraska. May not necessarily be true. You always have a question about who gets what, you know, whether they go the beach or how they, what behaviors they engage in. And I have to tell you I got a phone call one time from a farming magazine. You know, like I said, you sort of start thinking about these things. And I've talked to people who are in, who are in, concerned about skin cancer. They have fathers, you know, and they go on the tractor and they don't, didn't have the protections that you have now. So that's why, as you, that's one of the reasons we think it's because of early exposure, frequently occupational-based exposure, not just farming but people who work outdoors-- painters, for example, people who are highway workers. That takes a long time for that disease to develop. That's the key point. Now why do women get it earlier? I think that's a very real question to which we don't know the answer. We know they had these exposures. We know they were very concentrated exposures. That's one of the reasons we're concerned about tanning beds. There's a, there's a significant etiology, and they do change their tanning behaviors over time. But, you know, if you think about young women or what-- I don't want to be viewed the wrong way when I say this but, you know, they, they have different behaviors in terms of how they want to look. And they have a greater propensity for that than men who do it over time. The other possibility-- and this is one of the things that is of concern to some of us and we've talked about it, but I don't know that we have evidence-- is that there may be a, a shorter sojourn time-- and that's the period from exposure to risk-- for some people, and that certain things, intense triggers, could make a difference. It's not just tanning beds. We're concerned about military folks, for example, because the military guys are out, you know. They're out and they're exposed, and they're starting to see some of this, some of this increase in that group, as well. So it gets to be complicated. But I, you know, I, people who are outside exposed to the sun, working all day, it can take, it can take 50-60 years for this disease to appear. And if you look at the graph numbers, which I won't bother you, it's 70s and 80s. You know, you see a huge increase, particularly in white men, and a lot of it has to do with the sun exposure that they had in youth.

**B. HANSEN:** OK, thanks.

**HOWARD:** Thank you. Any other questions? Seeing none, thank you for your testimony today.

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**LEN LICHTENFELD:** Thank you; appreciate it.

**HOWARD:** Our next proponent testifier. Good afternoon, Doctor.

**DAVE WATTS:** Good afternoon. Thank you, Madam Chair. Committee members, I'm Dr. Dave Watts; that's D-a-v-e W-a-t-t-s. I'm a dermatologist and a skin cancer surgeon, speaking in sport, in support of LB140 for the NMA. I'll give you a, hopefully, quick and under-five-minute overview of my perspective as a working doctor. I can tell you this: I would rather prevent cancers than treat them. A tanning craze started in the United States in the late 1920s and it continues today. Cancer registries started tracking melanomas in 1935 when the risk was maybe 1 in 1,500 of getting one. The numbers have risen steadily since, until the 1980s, when the numbers started to go up steeply. That's also, anecdotally, about when indoor tanning became very popular in the United States. Now, rather than 1,500, the risk of getting a melanoma the United States is about 1 in 28. It's also one of the most common cancers in young women, as you heard. UV injury in the skin is cumulative; it accumulates. Whether it's outdoor UV or indoor UV, it's the same UV. But how much is too much? Isn't there a balance? From a medical perspective, a tan is too much because a tan indicates UV damage to skin cells, and it's often irreversible damage, similar to tobacco damage to lung cells. It's not like exercising a muscle. It's exposures that accumulate over time, as Dr. Len told you. A sunburn obviously is too much UV. The two other UV-related cancers-- basal cell carcinoma and squamous cell-- are also steadily going up. But the statistics on those are indirect because there isn't a cancer registry like melanoma. Currently the rate in the United States is about one in five lifetime chance of getting one of those cancers. They're disfiguring but they're rarely fatal, like melanomas can be. But all skin cancers are expensive to treat for insurance, for Medicare, and for Medicaid. So I think prevention is really the key. Public health folks and academic researchers have been studying UV radiation for decades. Research on cell cultures, animals, and humans is extensive. Now with tissue banking, we also have melanoma genome sequencing and mapping; we can look at the genetic material. It turns out in most melanomas there are literally thousands of UV-specific mutations in that DNA, and they're called signature mutations or fingerprint mutations. Over 30 population studies in the last three decades have looked at the link between UV exposure and skin cancer. Honestly, some of the early ones were better than others in separating confounding variables like sunburn history. More recent studies, however, were designed to address those limitations. There's also been at least five

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meta-analyses where the decent studies were analyzed together to get better statistical power. The two most recent meta-analyses included all the best recent studies; and those are the most reliable. So the conclusion of all that science is that exposure to UV radiation increases the risk of all three common skin cancers. There's really no nuance to it. A few outspoken docs may dissent but there's really no question about the weight of the evidence. So the higher the accumulated dose of UV in a given person, the higher the cancer risk. The dose is a combination of the intensity of the radiation-- that is how strong it is-- and the duration of the exposures, and the number of exposures. Melanoma and basal cell are linked to more intermittent exposure patterns, like in tanning beds, and squamous cell skin cancer more with chronic sun exposure. And that's why you see more melanomas on the trunk and legs where the skin isn't normally exposed. We know that indoor tanning is a high-intensity UV radiation source that's available year-round, day or night. We know that the highest intensities, in the most expensive machines, are in tanning salons. We know that tanning, with or without sunburn, increases the risk of skin cancers-- with or without sunburn. And we know that the earlier in life a person starts tanning, the more skin cancers they tend to get. So public health agencies like the World Health Organization, the National Institutes of Health, the CDC, the FDA, the Surgeon General now all recommend that in, commercial indoor tanning be off-limits for teenagers under 18. Nineteen states so far have passed underage tanning laws very similar to LB140. Many of those states upgraded to parental consent, upgraded existing parental consent laws that were similar to Nebraska's current law. That's because age restriction sends a clearer safety message to the public because compliance is better and because it has reduced teen tanning better in the states that have those laws. I'm sorry.

**HOWARD:** Do you want to just briefly wrap up your remarks?

**DAVE WATTS:** Sure. Tanning employees-- tanning has convincingly been shown to be addictive. The earlier a teen starts tanning, the more likely they are to get addicted. And there's much published evidence on addiction and dependence in tanning. Tanning employees may be trained to tell fair skin from dark skin but, if they're working on commission, the incentive isn't to discuss skin cancer thoroughly with a teenager. Clients often control their own exposure times at salons and can opt for a stronger bed. In a North Carolina study, 95 percent of clients in salons, or in nonsalon locations, exceeded FDA limits on exposure. We don't know how many people are tanning in nonsalon

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locations. There's only been one small study, and that was in adult women. Gyms were the most likely location, and gyms are covered in this bill. But there's no evidence at all that sunburns are more or less likely in either location. Given all this, it's not surprising that, according to a survey published in the American Journal of Public Health, there's broad parental support for bills like LB140. We should collect more information about home use, certainly, but we should not wait to protect our children. We don't give teens the option to buy other carcinogens like cigarettes or alcohol without parental consent. And I believe it's our duty to protect them from commercial tanning beds. Going to prom shouldn't increase your risk of cancer. Thank you again for the extra time and the thoughtful consideration.

**HOWARD:** Thank you, Doctor. Are there any questions?

**B. HANSEN:** I've got one.

**HOWARD:** Senator Hansen.

**B. HANSEN:** So one of the statements, it says you also, it says it's also one of the most common cancers in young women. I'm referring to melanoma. Do you think part of that might be due to more young women especially are seeing dermatologists and then they're getting them removed and being tested more often? And are some melanomas, when you do test them, are they always going to turn into skin cancer, like, like a malignant type? Or were they [INAUDIBLE] a lot of melanomas can just be on the skin and you wouldn't even know you had it if a dermatologist didn't tell you?

**DAVE WATTS:** So yes. Melanoma is more common in younger women. It's, you know, it's increasing faster in Nebraska in younger women, substantially faster than the national average. Why is it being more diagnosed in younger women? I think because it's happening more frequently in younger women, and I think that's related to these intense exposures that they're getting. I see patients in the office and I've been getting sunburn and tanning histories on those, and some of these girls have-- I usually start with: Have you had more or less than 100? More, more 200? More than 300? And it can get into those several hundred range. That's one factor. Are dermatologists misdiagnosing or diagnosing it more in young women? I don't know the answer to that. I, I can't tell you from my experience if that's the

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case. Are-- is a mole-- I, if I understand your question right, is a mole always going to turn into cancer?

**B. HANSEN:** And say you, say you have a patient comes in and you find malignant melanoma. Do you remove it?

**DAVE WATTS:** Um-hum.

**B. HANSEN:** Typically, you know, you may not know this off the top of your head; it's not a big deal. But with that, without you removing that, would that almost always turn into like a skin cancer that might be malignant? Or would it just a lot of times, can those-- you know there's some certain cancers like prostate cancer. You may not, you may not even know you have it, and you have it your whole life. Same thing with a skin cancer, except we can see it.

**DAVE WATTS:** So to answer your question, there's, there, there is evidence that, that, that preexisting moles undergo an evolution with, with UV hits to that genetic material and develop into skin cancers. If you take something off, and it is a melanoma, it's a melanoma. Now it may be a real shallow melanoma, a Stage 0 or Stage 1, or maybe deeper. If you don't take it off, take off a Stage 1, will it turn into-- you know, they're very individual; some do and some don't. That's the best I can say. We do know that when they, when they do get deeper than about a millimeter, a fraction of an inch, those have about a 20 percent chance of spreading to lymph nodes, and from there, it gets to the, it gets to the rest of the body. So as far as the progression of a melanoma if you didn't take it off, I really don't know the answer to that.

**B. HANSEN:** No, that's fine.

**DAVE WATTS:** Yes, thank you.

**B. HANSEN:** Thank you; appreciate it.

**HOWARD:** All right. Any other questions? Seeing none, thank you, Dr. Watts. By a show of hands, how many individuals are wishing to testify today? OK. So I'm going to be a little more strict on the time from here on out, and we'll welcome our next proponent testifier. Good afternoon.

**KANDICE DOLESH:** Good afternoon, hello. My name's Kandice Dolesh; first name Kandice, K-a-n-d-i-c-e, last name Dolesh, D-o-l-e-s-h. And I'm here because I was diagnosed with melanoma ten years ago at the age of



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26. So while I like to emphasize the fact that my priorities in life are being-- sorry, sorry.

**HOWARD:** Take your time.

**KANDICE DOLESH:** I'm a wife, a mother, a sister, a daughter, a friend, and a medical professional. But I can't deny the fact that my medical history has forever changed me. So I had a very small spot on my back; it was smaller than a pencil eraser. I was unable to see it so, of course, I asked my husband to look at it. And he said-- he labeled it a freckle. I went into Student Health. They said I could watch and wait. You know, they weren't necessarily overly convinced that it looked super concerning. But I felt very compelled to see a dermatologist and so I did. And the dermatologist took one look at it and took it off that same day. They called me with a diagnosis of melanoma the following day, and that's when my story of my melanoma starts. But then, when I actually think about it, the story of my melanoma diagnosis started ten years prior to that, when I started using tanning beds. So in my younger years I was a regular indoor tanning bed user. And growing up, my mom didn't want me to tan. She knew the risks, and she did everything she could to try to protect me from it. But when I turned 16, her control of my whereabouts really diminished and I began tanning. I tanned because I liked the way I looked when I was tan, I liked the way I felt when I was tan. Then when I went to college, I got a part-time job at a tanning salon, and I continued to use the beds frequently. And not only did I like the way I looked and how I felt when I was tan, but it was a social thing, as well. They would run specials like: bring in a can of food on Tuesday and tan for free, or cheap tans on Sundays. And so the line would literally be out the door. College kids would be standing around, hanging out, socializing, waiting for their turn. So it was very much so, so, social but it was also very much so a business. And us, as employees, were encouraged to push products and packages to the customers, and we were given incentives and commissions for hitting sales goals. So fast forward 20 years later, and now my priorities are much different than they were at that time. I have three children, ages seven, five, and two, and my life revolves around them. And not in a million years will I ever set foot in another tanning bed. And I really wish, more than anything, that I never had. But we can't turn back time and the damage is already done. The choices I made at the age of 16 are still with me today and will continue to be with me till my last day on earth. All I can do at this point is continue to have my skin checked every six months and pray about it. And my stomach

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hurts when I think about how the poor choices I have made in my past are still affecting me today, and will continue to do so for the rest of my life. What hurts even more to think about is how my past choices may affect my children. I hate to think about what life would be like if the melanoma comes back. I might not be so lucky the next time. The other part I hate to think about is how I have contributed to the damage of other people's skin. I was the attendant behind the counter encouraging people to buy packages and products. And I wish more than anything I could take those moments back. But we know that isn't possible. So this whole ordeal has caused me to do a lot of self-reflection on many levels, and I have come to terms with the fact that the past is the past-- excuse me-- and that can't be changed. So all I can do now is look toward the future and how to prevent this from happening to others, and that's why I'm here today. And so I urge you to pass LB140. We need this bill. A child at the age of 16 does not realize the impact their choices have on the rest of his or her life and the fact that these choices can haunt them forever. They're worried about hanging out with their friends, going to the next party, feeling good about themselves, just as I was. They're too young to have this responsibility to be able to tan. I wish that there would have been a bill to protect my 16-year-old self, but there wasn't. And I take full responsibility for the choices that I made. But we just can't ignore the information, the statistics, and the percentages that lie in front of us. And let's use it for the good of our society. And I urge you to pass LB140. Thank you.

**HOWARD:** Thank you. Are there questions? Senator Williams.

**WILLIAMS:** Thank you, Kandice; thank you for being here and telling your story. Can you share a little light, because of your young age and remembering those days--

**KANDICE DOLESH:** Sure.

**WILLIAMS:** --as to why you chose to tan and the pressure that you felt to tan, and just discuss that a little bit, during your high school days?

**KANDICE DOLESH:** Sure. There certainly was a pressure to tan, to look good. I feel like there was a certain stigma about you look better if you're tan, you look thinner if you're tan, you feel like you can wear different clothing, such as, you know, like going to prom and things, wearing dresses like thin straps, and where your skin is more exposed. Something about being tan was the thing to do, I mean, to the point

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where when you go in there-- I mean, I haven't been in a salon forever, but back then they would give you little stickers and you would put a sticker on your skin. And then you would compare how tan you got compared to how your skin normally looks. And so, you know, there were-- we'd compare stickers and see who, who was tan.

**WILLIAMS:** Did you see it happen with yourself that it might have started with homecoming or prom, but then it continued beyond that?

**KANDICE DOLESH:** Certainly, um-hum. There's definitely an increase in tanning around those big events: dances, formals, events like that. And I feel like you go and you get the color, and you think you look good that way so why not keep doing it. And yet these kids just don't realize the poor choices that they're making. And I was one of them.

**WILLIAMS:** OK, thank you.

**HOWARD:** Senator Cavanaugh.

**CAVANAUGH:** Thank you so much for coming and sharing your story; I really appreciate it.

**KANDICE DOLESH:** Thank you.

**CAVANAUGH:** Since you have both perspectives of working in the industry and tanning at a young age, to Senator Williams' question around prom and those big life events, did you feel like there was some marketing done to high-school-aged-kids around those, like prom specials and things like that?

**KANDICE DOLESH:** Um-hum, definitely. There's always certain deals and packages and incentives to try and get, to really try and draw people in.

**CAVANAUGH:** Were they specific towards like high school events, prom or homecoming?

**KANDICE DOLESH:** I can't remember.

**CAVANAUGH:** That's all right.

**KANDICE DOLESH:** I just remember there always was like a new monthly special.

**CAVANAUGH:** Sure.

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**KANDICE DOLESH:** And I, I can assume that around prom and homecoming the specials were better, but--

**CAVANAUGH:** Yeah. Thank you.

**KANDICE DOLESH:** Um-hum.

**HOWARD:** Any other questions? Senator Murman.

**MURMAN:** This is-- thanks for coming. This is a probably real simplistic question, but the spot where you developed skin cancer, that was a spot that was exposed to the UV radiation?

**KANDICE DOLESH:** Yes, um-hum. On my back, yes.

**MURMAN:** OK. And another question. From your experience with others when you were younger, did most of them tan in a tanning facility, or in an apartment complex facility, or a gym?

**KANDICE DOLESH:** I would say like 99 percent of-- you talking about my friends and I?

**MURMAN:** Um-hum, the people you knew, yeah.

**KANDICE DOLESH:** Oh, it was the tanning-- oh, we would always go to the tanning salon. We'd go together. I didn't know anybody who had one in their home or went to a gym, really, to use one. It's always in a salon.

**MURMAN:** OK, thanks.

**KANDICE DOLESH:** Um-hum.

**HOWARD:** Any other questions? Seeing none, thank you for your testimony today.

**KANDICE DOLESH:** Thank you.

**HOWARD:** Our next proponent testifier? Good afternoon.

**PAIGE GROGAN:** Hi. My name's Paige Grogan, P-a-i-g-e G-r-o-g-a-n, and I'm a melanoma survivor. I'm here in support of LB140 because I started tanning when I was a freshman in high school. I was participating in activities like show choir, cheerleading, and dance, kind of activities where like lots of people were watching me, and I was kind of standing out to a lot of people. And I felt very

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uncomfortable in my own skin because I've always been very pale and just very fair-skinned. So I started. I asked my mom if I could go to the tanning beds, and she said yes because she knew that it was something that I was uncomfortable about. We had tried spray tans and I just never really had a great experience with them. So I decided that going to a tanning bed would be the easiest option to get that tan. And when I started going I discovered that, you know, the warmth and the comfort of being in that bed, you know, it made me want to keep going back because, especially in the winter when it's cold, that was a place to go to feel like, you know, like you're in a warm area. So I tanned at the lowest level for the lowest amount of time for most of the time, maybe twice a week, maybe more depending on what time of year it was. And once in a while, of course, you know, I'd pay the extra money to upgrade to a higher level if they were promoting it. And my friends would often tell me you know you're going to skin cancer, and I said no, I'm not, like there's no way I'm going to get it. And four years later, of going tanning, I noticed I had developed a mole on my left thigh. It wasn't bloody or irregular, just a normal looking mole, and I hadn't seen it until my senior year of high school. So before I headed off to college for recruitment, my mom decided to take me in and just get it removed just to, you know, make sure that it wasn't anything. Fast forward to three weeks later, and my mom was sitting with me on my dorm steps in Kansas. She had drove all the way to Kansas to tell me that I had-- she had gotten a call saying that I had melanoma in situ. And, you know, she didn't want me to be scared, she didn't want me to look up and read all the scary things about it. But it hit me that I had skin cancer, and that's something very scary to experience at 18 years old and you're just starting college. So two days later I had it removed and now I have a scar on my leg that always reminds me of what I had gone through. And had I not "caught" it, like who knows what it would have developed into? So finding out I had melanoma, it like really affected the way I live my life. You know in the summer, this summer, I was nannying and going to the pool all the time, but I couldn't be out in the sun and that's something I was so used to. And I remember the first time I went to the pool with my nanny kids. I was scared, like I just didn't know what to do because I had skin cancer a year before that and I just was so scared that I was going to get it again. And so it's definitely changed everything about the way I live my life, having to go in for skin checks and, you know, kind of being the tanning police towards my friends who do choose to tan. But I do feel strongly that there's no need for a young girl to go into a tanning bed. If I could go back and change that, I would. So by preventing them from doing so,

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it's protecting them from putting their own skin at risk, because I've experienced it and I know what it can do to your body. It could also stop them from wanting to tan in the future. You know, if they can't do it now, maybe they won't want to do it in the future. So I think it's important that we promote safer and less riskier ways for younger girls to tan, if they choose to do so. And as someone who has constantly struggled with, you know, being uncomfortable with my own skin and my body, since I got it removed I've learned to accept my skin and protect it at all costs and do what I can to make sure that other people don't make the same mistake I did. And that's all I have.

**HOWARD:** Thank you. Are there questions? And Paige, are you still in college?

**PAIGE GROGAN:** Yes.

**HOWARD:** What year are you?

**PAIGE GROGAN:** I'm a sophomore.

**HOWARD:** What's your major?

**PAIGE GROGAN:** Business administration.

**HOWARD:** Oh good, so you'll have a job when you're done.

**PAIGE GROGAN:** Yes [LAUGHTER].

**HOWARD:** Now are you going to college in Nebraska or in Kansas?

**PAIGE GROGAN:** I'm in Lincoln now-- transferred back.

**HOWARD:** Oh, fantastic. Well, thank you for staying in the state.

**PAIGE GROGAN:** Yes.

**HOWARD:** And thank you for testifying with us today.

**PAIGE GROGAN:** Thank you.

**HOWARD:** Are there any questions? Just checking.

**MURMAN:** Can I, can I--

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**B. HANSEN:** I got, I have some questions. So [INAUDIBLE] you back and what.

**HOWARD:** All right.

**B. HANSEN:** I'm going to ask before you do, maybe, because you [INAUDIBLE]--

**MURMAN:** Go ahead.

**B. HANSEN:** He asked this similar to [INAUDIBLE] last time. So did you primarily use tanning beds, or did you use tanning beds along with outdoor tanning?

**PAIGE GROGAN:** Can I ask what you mean?

**B. HANSEN:** So when you tanned, did you go to tanning beds indoors, like a tanning facility?

**PAIGE GROGAN:** Yes.

**B. HANSEN:** Or did you tan outside during the summer?

**PAIGE GROGAN:** You know, I did-- in the summer, I don't think I ever went to a tanning bed. I usually did it during the school year because that's obviously when this, the UV rays and stuff are--

**B. HANSEN:** OK, just curious.

**PAIGE GROGAN:** But yeah, I used the tanning bed during the school year.

**B. HANSEN:** OK, thank you.

**HOWARD:** Senator Murman.

**MURMAN:** Yeah. So the tanning beds you went to, was it in a tanning salon?

**PAIGE GROGAN:** Yes it was.

**MURMAN:** OK. And was, obvious, obviously you knew a little bit about the dangers of tanning when you did that. Was it supervised? I mean, were you supervised by the owner or the manager of the salon?

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**PAIGE GROGAN:** You know, you were only allowed to, the only thing I know is that you were only allowed to tan once a day. I think it was you could only go in there once a day. But, yeah. I mean--

**MURMAN:** But you could set it for different levels of tanning?

**PAIGE GROGAN:** Oh, they did that at the front desk.

**MURMAN:** OK. So they just kind of limit it to once a day. Other than that--

**PAIGE GROGAN:** I think so. And you know, you, you have a certain membership for what level, and I had the lowest level membership so I could only go on that level unless there was an upgrade available for cheaper.

**MURMAN:** OK. And then, one more question just like I asked earlier. The friends or people that you knew of that tanned, did most of them tan in salons? Or--

**PAIGE GROGAN:** Yes. I only think I knew one person who had a tanning bed in her house, but I don't think she ever used it.

**MURMAN:** OK, thanks.

**HOWARD:** All right. Any other questions? Seeing none, thank you for your testimony, Paige.

**PAIGE GROGAN:** Thank you.

**HOWARD:** Our next proponent testifier?

**WENDIE GROGAN:** Hi.

**HOWARD:** Good afternoon.

**WENDIE GROGAN:** Good afternoon. I'm Wendie Grogan. I'm-- my name's spelled W-e-n-d-i-e G-r-o-g-a-n, and I am that mom. I'm Paige's mom, obviously, and the other thing I want you to know, which I hope will become more clear later, is that I'm a clinical pharmacist with the neurology team at the University of Nebraska Medical Center, and I've worked there for 28 years. And I know about the health effects of tanning, and I know about melanoma. And I've seen people who have died from melanoma so hopefully I can bring that up later. But the biggest part of this, for me as a mom, isn't being the pharmacist; it's been



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the mom. And having Paige have the mole taken off of her thigh, I remember laying at the-- I could just, clear as day, laying at the pool, looking over at her and thinking, you know, that mole looks darker and bigger. But it still was in, it was still smaller than a pencil eraser and it was round. It wasn't irregularly shaped, it wasn't blue, it wasn't bleeding; it was just a mole. And we, as Paige told you, we had it taken off before she left for college. And she left for college and it's like no news is good news. And I was sound asleep one morning, three weeks later. I got the phone call from the dermatologist's office. And I'm not sure who I even talked to at this point; I don't know if it was a doctor or a nurse. But she said that Page's melanoma, Page's mole had come back as a melanoma and that I needed to get her back so that it could be what they call a wide excision, because they had just taken the mole off the first time and not done anything more than that. And she said to me, you know, this is really important that you do this, that you get her in and get this taken off. She said it's really important. And I had just woken up out of a sound sleep and I said, I know this is very important. I said, right now I'm reacting to this emotionally because, basically, from what I've seen working in the healthcare field, it was like somebody told me my daughter was going to die. That's the first thing that popped into my head. And so that, that was that. Then we had to pick up Paige from college, and I didn't want to tell her what it was before I picked her up 'cause I didn't want her to be scared. I didn't want her to look on the internet and see all the horrible things out there about melanoma, 'cause it is a horrible thing. So I picked her up and took her back. And thank God that Dr. Watts was able to do the wide excision on her leg late one afternoon, got her in. But imagine standing in the physician's-- sorry.

**HOWARD:** It's OK.

**WENDIE GROGAN:** Standing in his office and we're looking at the original part of the mole, and he's saying that he has to take this much on each side, and us saying, make sure that you take enough out of her leg so that you get it, so that ten years from now she doesn't have a tumor, you know, in her brain. I mean, I've heard of that, too, people who have a mole taken off and nobody is serious about it. And then, you know, ten years later it was a melanoma; I had a pharmacy preceptor that that happened to. I should have known better. I feel like this bill, LB140, is good because even though I knew about melanoma, even though I knew about tanning beds, I would-- I used tanning beds. It's like the smoker that comes into the hospital with

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lung cancer who thought it'd never happen to them. So I knew better. I knew better than to let my daughter use the tanning beds, and I still did it. And it wasn't because my daughter was that, you know, some of those girls that just wear their mothers down. Paige wasn't like that. She wanted-- I remember the night that the kid told her at show choir-- she was in show choir at Westside High School-- a boy saying, you are the palest girl up there on the stage. And that's when it started. It was that comment from that boy that began this whole journey. So kids do pay attention to things like that, and they are pretty, you know, they're young. They don't have that good decision-making skills. And I should have known, as a mom, that it wasn't a good idea to let her use the tanning beds. I am an educated health professional who works at a university teaching hospital. So anyway, I guess I'm just here to say that, from that standpoint, I think taking the decision-making out of the parents' hands and making it nobody under 18-- we don't allow people to buy cigarettes under 18 because we know that they're bad for them. And I feel like it would give the parents-- usually the moms-- the ability to say because it's the law. You can't use the tanning bed because it's the law. And so I guess I'm just here to be a proponent of that. I don't have any history of melanoma or skin cancer in my family, and I do remember my father who was a radiologist, who died from prostate cancer, telling me what, before he died, Wendie, quit using the tanning beds. I remember my dad telling me that-- don't use the tanning beds. So I'm just here for my daughter mostly, to be her supporter and also to support the other young girls and boys. You never know if girls and boys who use the tanning beds. Thank you for listening.

**HOWARD:** Thank you. Are there questions? Seeing none--

**WENDIE GROGAN:** Sorry.

**HOWARD:** No, you did a great job. Thank you for your testimony today. Our next proponent? All right. That's our last proponent. We do have some proponent letters to read into the record: Dr. Matthew Appenzeller, the Nebraska Academy of Eye Physicians and Surgeons; Liz Lyons, Children's Hospital and Medical Center; Andy Hale, Nebraska Hospital Association; Carol Wang [SIC], Metro Omaha Medical Society; Dr. Ralph Hauke, the Nebraska Oncology Society; Victoria Pasko [SIC], the Nebraska Dermatology Society, the American Academy of Dermatology, and the American Society for Dermatological Surgery Association; Samantha Guild, AIM at Melanoma, Melanoma Foundation; Eric Dunning [SIC], BlueCross BlueShield; Laura Polak [SIC]. Nebraska Chapter of

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the American Academy of Pediatrics; Kayla Pope, Nebraska Regional Organization [SIC] of Child and Adolescent Psychiatry; Dr. Beth Ann Brooks, Nebraska Psychiatric Society; Dr. Aaron Lanik, Nebraska Academy of Family Physicians; Dr. Adi Pour, Friends of Public Health of [SIC] Nebraska; and Dr. Marvin Bittner, the American College of Physicians-Nebraska Chapter. With that we will open up, we will invite any opposition testifiers who would wish to speak. Good afternoon.

**HEATHER ALMOND:** Thank you. Honorable Chair and members of the committee, my name is Heather Almond, H-e-a-t-h-e-r A-l-m-o-n-d. I manage all the Palm, Palm Beach Tan locations in Nebraska. I am proud to educate my employees to teach sunburn prevention effectively to people of all ages in our community. We are opposed to LB140 as it was introduced, but we would fully support an amendment to this proposed legislation that would require all teenagers under 18 to have in-person parental consent, signed in the salon, on their first visit. As tanning professionals, our operators are formally trained to assess a client, client's skin sensitivity and gradually increase their exposures to develop a tan without sunburns. No client at Palm Beach Tan tans more than once in a 24-hour period. And even before LB132 was passed in 2014, we required parental consent for anyone under the age of 16 and would never tan anyone under the age of 14 without a prescription from a doctor. We know from research that burning is the source of significant risk, not moderate exposure to UV light. As a mother, I support the rights of parents to choose what is best for their individual situations. My 18-year-old daughter is a softball player. Since she was old enough to tan, she has always had a base tan going into softball season. I would watch tournament after tournament as her teammates burned horribly, and my daughter did not. Getting a base tan, in proper combination with sunscreen usage outdoors, was a better option in my family than having my daughter repeatedly burn on the softball field. That's why the decision should rest with the parents, not the state. As a salon operator, I fully support a one-time parental consent for those under the age of 18. While most people tan for cosmetic purposes, we do have many people, including teens, who tan for medical reasons, including but not limited to: psoriasis, acne, vitamin D deficiencies, and seasonal affective disorder. These clients are most often referred to us by doctors who tell them that, as a side effect to following our cosmetic regimen, they can have affordable treatment for their conditions. In the real world, they know that tanning salons can be a more affordable and convenient option than going to a doctor's office for these treatments. Parental consent is the most effective standard in the

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nation for two main reasons: First, it respects the right of parents to decide how to address this issue as a family. UV exposure is not industrial, chemical; it is something humans need. My business is dedicated to helping those who want sunlight in their lives to learn how to prevent sunburn. Second, it recognizes that once a teenager is 16, she or he and their friends can drive. And 41 percent of all sun bed usage today occurs in nonsalon sun beds in homes, apartment complexes, gyms, and other places where sun beds do not have a professional operator to properly set the exposure time. By giving the option of parental consent, it will decrease the amount of teens who want to use sun beds from using nonsalon units where no professional operator sets and limits the exposure time, like my staff does, to prevent overexposure. Personally, I wish, as a teenager, I was educated on the ways to achieve a tan without burning. I have done damage to my own skin in my early years because there wasn't anyone available to me to teach me the correct way to have sunlight in my life. Please keep in mind that the scientific community today has both proponents of regular nonburning UV exposure and opponents, and that's why the decision on sun bed usage in a family should be left up to the parents. There are plenty in the scientific community who think that the service we provide is helpful when we do our jobs correctly. And there are many who know that a base tan from a salon, in combination with sunscreen usage outside, works better at preventing sunburn outdoors than with sunscreen usage alone. In conclusion, we are here to be a part of the solution and we want to work together instead of against one another. The science supports balance and the parents' right to be involved in this decision. And that's why parental consent should be, continue to be the standard in salons, and we will support any constructive measure to bolster that standard. So let's work together to send a balanced message to the state and your constituents that sun care is serious business, and we can do that by continuing to support parental consent as the standard for sun bed usage in tanning facilities in Nebraska. I'm happy to take your questions.

**HOWARD:** Thank you. Any questions? Senator Williams.

**WILLIAMS:** Thank you, Senator Howard. Thank you, Heather, for being back again this time. Can you tell me a little bit about Palm Beach Tan, how many facilities you have in Nebraska?

**HEATHER ALMOND:** We have 12 salons in Nebraska.

**WILLIAMS:** You're probably the largest, are you not--

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**HEATHER ALMOND:** Yes, we are-- in Nebraska, yes.

**WILLIAMS:** --of the professional salons? So your experience and your--to the questions that I have, tell me about the education that you provide to the people in your salon.

**HEATHER ALMOND:** When somebody comes into our salon on their very first visit, you know, we obviously do a tour which, you know, shows them the facility. As part of that tour, we go through a step-by-step handbook, basically, of what the experience is to come up with the best solution. Part of that is skin typing. So we will go through and find out what the skin type is of the person that we're working with so that we can make sure that, when we do tan them, we're tanning them for the appropriate amount of time and to make sure that they can even achieve a tan, because some people just can't achieve a tan and, in those situations, we tell them that we will not UV tan them and that they, their only option with us is to spray tan. But then we also talk about tanning wisely. We have a 24-hour rule, so they are not allowed to tan within a 24-hour time period twice. And we stress the fact that they should never sunburn. That's really the extent of what we do on that first visit.

**WILLIAMS:** So in the training you've talked about there or the education--

**HEATHER ALMOND:** Yes.

**WILLIAMS:** --is to the, the client. Can you tell me about the training and education for your employees?

**HEATHER ALMOND:** Yes. My employees actually have 50 hours of training before they are left alone. Half of that is classroom setting, and they do about six hours of on-line training through Smart Tan, who-- actually, Joe Levy will be testifying after me, but he is the creator of that training that explains how to tan people properly without burning. And there's many other components to it but, basically, how the skin tans, and it covers everything that they would need to know for the safety of the salon.

**WILLIAMS:** If you remember, my memory tells me that the last time we had this hearing, you or one of the other people testified that approximately 5 percent of your business was derived from this age category of clients. Do you, do you remember?

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**HEATHER ALMOND:** Yeah, that was--

**WILLIAMS:** Do you know from your--

**HEATHER ALMOND:** That was Mr. Levy that testified that. And that was, I think, the national average.

**WILLIAMS:** That was the national.

**HEATHER ALMOND:** Yes.

**WILLIAMS:** And, and-- but, but am I correct in my memory of that?  
That--

**HEATHER ALMOND:** Yes, yes.

**WILLIAMS:** OK. I just wanted to see if I could remember that. That's all; thank you.

**HEATHER ALMOND:** Anyone else?

**HOWARD:** Senator Cavanaugh.

**CAVANAUGH:** Thank you for your testimony--

**HEATHER ALMOND:** Yes.

**CAVANAUGH:** --and for being here today. So I actually have that same question. Do you know what your, what percentage it is of your clients that are--

**HEATHER ALMOND:** For my salon at Palm Tan, it's 2 percent.

**CAVANAUGH:** 2 percent. OK, thank you. You talked about some of the medical conditions that are helped by tanning.

**HEATHER ALMOND:** Yes.

**CAVANAUGH:** And I was just curious, as far as the training of your staff, if there is a doctor's prescription for tanning. Is your staff trained adequately to carry out that prescription? I mean, I understand that it probably is more affordable than in a doctor's office.

**HEATHER ALMOND:** Right, because we are not medical providers. We, we only train as they would be tanning to get a cosmetic tan. Whatever

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their doctor has told them, instructed them to do, that's what we encourage them to do because we're not there to give them medical advice. There are, have been some different situations where somebody that I would consider to be an underage tanner, like for example, a long time ago I had a 12-year-old who needed to tan for psoriasis. And I refused to tan her because she was 12 years old, but her dermatologist had reached out to me and said, this girl, her only option, because of budget necessity, would be to tan in a salon. So I actually went and met with the dermatologist. She wrote me out a prescription, told me exactly how long she wanted to go, and how often. And then we made sure that she did come in and stick to that regimen. But only by exception would we do something with a prescription.

**CAVANAUGH:** And another question I had was about-- I actually asked one of the earlier testifiers. As far as the marketing for your company goes, do you have specific marketing that would be enticing younger kids to come in around high school events?

**HEATHER ALMOND:** As, as Palm Beach Tan is concerned, we don't market a lot to under 18. Occasionally I'll have high schools reach out to me about advertising in their newspaper. And I will do that to support the school, but I always make it be a spray tan offer. I don't do it as a UV offer.

**CAVANAUGH:** OK; thank you.

**HEATHER ALMOND:** You're welcome.

**HOWARD:** Other questions? Senator Hansen.

**B. HANSEN:** So would you say-- I think you mentioned this already-- that burning is damaging to the body?

**HEATHER ALMOND:** Yes.

**B. HANSEN:** OK. So do you have any kind-- just a question-- do you have any informed consent that you have a user, or an underage user of sun tanning beds, sign at all before they use one?

**HEATHER ALMOND:** Yes. So every single person, regardless of age, has to sign a consent before they tan with us. And if they are under the age of 16, their parent also signs that consent.

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**B. HANSEN:** Does the informed consent have on there, you know, research has shown that burning causes skin cancer? Just like they would do it if you go to any other kind of medical professional or any kind of that might--

**HEATHER ALMOND:** Yes.

**B. HANSEN:** --that might cause some damage.

**HEATHER ALMOND:** We use, we use the language that we have to have for the FDA. And it just says tanning may cause skin cancer.

**B. HANSEN:** OK, I just was wondering.

**HEATHER ALMOND:** Yes.

**HOWARD:** Senator Cavanaugh.

**CAVANAUGH:** You reminded me of the question I forgot. One of our earlier testifiers talked about how their daughter tanned with the consent of the other parent but not their consent. And I know, I understand right now you get consent and you keep it on file. Do you have any concerns about the fact that one parent might be making that decision and they're not in agreement, the conflicts that that might be causing?

**HEATHER ALMOND:** I would say if that happened in my salon, that's not protocol. They would need their own parent there to sign for them.

**CAVANAUGH:** Well, if-- I mean, a lot of people have two parents and so--

**HEATHER ALMOND:** Oh, sure.

**CAVANAUGH:** So I'm saying--

**HEATHER ALMOND:** I got you.

**CAVANAUGH:** Like when the parents aren't in agreement, parental consent is a little bit dicey.

**HEATHER ALMOND:** Yeah, I understand that and, unfortunately, I don't know unless we would, to amend the law to say both parents have to sign. That would be an option.



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**CAVANAUGH:** Right; thank you.

**HOWARD:** Any other questions? Seeing none, thank you for your testimony today.

**HEATHER ALMOND:** Thank you.

**HOWARD:** Our next opponent testifier? Good afternoon.

**JOSEPH LEVY:** Good afternoon, Madam Chair; thank you very much. Members of the committee, I'm Joseph Levy, J-o-s-e-p-h L-e-v like Victor-y. I'm director of scientific affairs for the American Suntanning Association and executive director of Smart Tan, the group Heather just mentioned that has produced training materials for the tanning industry for 27 years. I got into this 27 ago as a research project on UV light, and have been kind of peeling the onion back on the issue ever since. The issue, we think, isn't whether or not we should educate teens and their parents, and everyone for that matter, of the risks of overexposure to UV from the sun or from a sun bed. We should, absolutely; everyone agrees on that. But what's the best way to go about that? I want to thank those of you who we've been able to sit down with this week to discuss this issue. We do not support this bill in its current form. We would support an amended form of the bill that would allow a teen to tan with parental consent, signed in person in the facility. We think the discussion of this issue should be framed-- it's framed on the wrong premise, and it should be framed on, not on whether or not someone should use a sun bed, but how should someone incorporate sunlight and how much sunlight should people get. Since sun is unique amongst things that we call a carcinogen, because it's the only carcinogen that humans absolutely need in order to live, and that an entire branch of research called photobiology was started on the benefits of sun exposure that are very well apparent to many people, I wish we had had the opportunity-- you know, the opponents who spoke here-- Dr. Lichtenfeld I've seen for years. I've never had the opportunity to sit down with Dr. Lichtenfeld and discuss this. American Cancer Society-Cancer Action Network, which is a group that I support for antitobacco movement-- been involved in that my entire adult life, spends a considerable amount of money funding lobbying efforts to work against us, rather than sit down with us to discuss what is the science on this issue. There were some things that were said here that I don't think were in, were the most accurate way to portray the very balance on sunburn prevention. The biggest risk of, in young people is not sun beds; according to the data, it is sunburn, you know, unequivocally. And sunburn is increasing amongst the general

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population and amongst teenagers in the last ten years, according to the CDC, has increased even as sun bed usage has decreased. Keep in mind, only about 5 percent of teenagers today use sun beds. But the entire population is burning outdoors, and our efforts should be focused on sunburn prevention and working with the medical community, working with Dr. Lichtenfeld and the ACS to find ways to teach sunburn prevention. The proponents of this bill have ascribed to sun, risks to sun beds, studies that do not come from tanning salons. And that has been something that needs to be discussed in a more rigorous, round-table setup. The material I'm going to provide you includes a paper from Dr. Del, David Hoel, who is one of America's leading experts on the effects of radiation on human health. He was a member of the World Health Organization group that looked at UV as a carcinogen that was mentioned. So he's a highly respected scientist who did a study that showed that, if you separate where the sun bed is, that sun beds in salons don't increase risk significantly, but the nonsalon units and the medical units, which are also in these data sets, are the ones that are increasing risk. A 2016 Rutgers study-- Rutgers University-- showed that prohibiting UV tanning in the state of New Jersey did not lead to a decrease in sun bed usage in the state of New Jersey amongst teenagers; it just put them into nonsalon units, the units that do increase risk that are more associated with sunburn. That discussion should be had in a more rigorous, round-table fashion rather than just a testimony fashion. International Agency for Research on Cancer scientist Dr. Sara Gandini, who was one of Hoel's peers, did a meta-analysis of 60 studies showing that the greatest risk factors for melanoma are not UV-related. Having more than 40 moles, having red hair, having a family history of melanoma are the greatest single risks. UV is considered to be the greatest environmental risk, but they are not the greatest risks, and that not teaching people what the greatest "constitutive" risks are is a problem. There's a melanoma researcher at Rush University Medical Center in Chicago, Dr. Arthur Rhodes, who wrote a paper that pointed out that he had a colleague who was a doctor, whose wife was a doctor who had a lesion on his back and figured that, because he never went outdoors and never tanned, it couldn't possibly be harmful. But it was a melanoma and he died of that melanoma. And what Rhodes's point, as a melanoma researcher, is that if a Harvard-trained doctor and his wife didn't know what the risk factors are, we are sending the wrong message if we are simply telling people to stay out of the sun instead of avoid sunburn. Let's talk about sunburn. Like I said, according to the CDC, 50 percent of Americans out, sunburn outdoors every year-- the entire population. And related to our conversation here, 83

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percent of Americans, 12-17, sunburn outdoors every year; five out of six burn outside. That's the whole population. Only 5 percent of the population uses sun beds in the teenage years today. So what we really need to be concentrating on is teaching sunburn prevention to everyone and that that is the greatest UV-related risk factor. Again we would support-- I know I only have five minutes and I'm now up, so I'm on my last sentence. So I'll take a big breath and do the last sentence. I appreciate the opportunity to discuss this and I hope you have some questions. We would support more rigorous conversation of this. We would support a round-table discussion working with-- and we've asked for this for several years now-- working with the proponents of this bill to discuss the science and what it really says, and so that you have a better view of that because this is, this is not tobacco. Ladies and gentlemen, I am personally offended as a lifelong tobacco, anti-tobacco advocate, of the comparison to that. It makes absolutely no sense. We can be part of the solution, not part of the problem, in teaching sunburn prevention to families and peoples of all ages. So hope we have the chance to work with you on that. Thank you.

**HOWARD:** Thank you. Are there questions?

**B. HANSEN:** I have one.

**HOWARD:** Senator Hansen.

**B. HANSEN:** When it comes to melanoma in the United States, where is it typically located? Is it, is it a Midwestern thing? Are we seeing an increase in it? Is it, you know, East Coast? West Coast? I'm trying to discern your comments about environmental versus suntanning beds. Where do we typically see it located at?

**JOSEPH LEVY:** Thank you for your question, Senator. Melanoma has a paradoxical relationship with sun exposure. It is more common in places in the world that don't get regular sun, as opposed to places that do. It's more common in men than women. It's more common in older men than women. It is increasing fastest in older men by far. You heard it said earlier that melanoma is more common in women up to 50 but then is more common in men over 50. That's just reported incidents. Mortality is much more significant in men than women in every age group. Young women are more likely to visit a dermatologist. That should be the default explanation that any, anybody looking at this issue comes up with, because that has been true since 1990. I read a paper in the Journal of the American Academy of Dermatology in 1991 that showed that most of dermatologists' patients, back then

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even, were young women. That's the people who, who visited dermatologists. I've read another paper that says that people who use a sun bed are simply 20 percent more likely to visit a dermatologist, regardless of any condition, just for different demographic reasons. So it makes sense that dermatologists say they see more young women; they have always seen more young women. But the mortality rates for melanoma are still much higher in men than women. It's, there's all sorts of nuance to this disease that really doesn't get respected, and we would like to be part of the discussion of that nuance in a respectful way. I know I'm speaking very fast here but I have to. But I really, I, I feel that we would all be better served by a dispassionate and objective round-table discussion of this rather than this. It would, I think it would serve ACS's, ASC's interests better if we had that discussion. They've, they have never taken us up on that in any state that I have worked on. They resist that; they resist that conversation. Happy to have it. Happy to bring in experts to talk about it because there's a sick, there's much more nuance to this and we'd like to be part of that. And I think, I think cancer survivors everywhere deserve that. We've all been affected in our lives by cancer in some form. I lost my mother to cancer at much too young an age. The implication that this is tobacco, I've studied that my whole life. A smoker is 25 times more likely to develop lung cancer than a nonsmoker. In 1900, nobody got lung cancer unless you worked in a mine or had some industrial exposure. And in 1900, only 10 percent of the population smoked 100 cigarettes a year. By 1950, half of the American population smoked, on average, 3,600 cigarettes a year. And obviously tobacco-- lung cancer-- there's no other place you get that exposure experience. To compare that to sunlight-- which an entire branch of science is saying we don't get enough sun-- but Johnson and Johnson doesn't sell sunlight. If Johnson and Johnson sold sunlight, the same data we're talking about today would be portrayed 180 degrees differently, that we ought to be embracing regular nonburning sun in parts of our lives. And that means something different to a fair-skinned Type 1 person. As Heather talked about, I developed the training. I worked with Dr. Thomas Fitzpatrick from Harvard, who has developed the Fitzpatrick skin type system. We helped him improve it, actually, because his questionnaire had some flaws in it. At an American Society for Photobiology meeting in 2002 in Chicago, we worked on a system that better identified those who cannot "constitutively" develop a tan so that we don't tan them in facilities, and that we teach people like myself, who is skin type 2, the science of what we do in a tanning salon today versus what may have been experienced in the 80s or the 90s. What we are

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professionally teaching today is that for someone like me, you're going to go several sessions before you ever even see any results, because we are going to very gradually increase your exposure, which gradually increases melanin production in the skin to the point where your skin can accept sunlight, and then oxidize or brown the-- oxidize means to turn the melanin brown and make it active. Melanin is the body's natural protection against sunburn.

**HOWARD:** Mr. Levy.

**JOSEPH LEVY:** Yes.

**HOWARD:** I want to make sure that we get all the questions answered by the committee.

**JOSEPH LEVY:** Thank you.

**HOWARD:** Did that answer your question, Senator Hansen?

**B. HANSEN:** Yes. Yep. No, that's fine. Yes, thank you.

**HOWARD:** Excellent. Any other questions? Senator Arch.

**ARCH:** You mentioned other states. Sounds like you are aware of what other states are doing with this.

**JOSEPH LEVY:** Yes.

**ARCH:** Do you, do you have any statistics? Do you have any information on what other, what other states are doing now?

**JOSEPH LEVY:** Thank you, Senator; appreciate that. I have been to approximately 40 states in the last seven years, talking about this issue. I think it was mentioned that there are, I think it's, I thought it was 16 but it's something, 16 or 17-- I don't keep count-- states that have passed an under-18 ban. And I can tell you that every single one of them has been an instance where we have not had an opportunity to have a rigorous discussion, where that has been cut short or where something political was done in order to achieve a victory. We have never been able to sit down and discuss this in a way that allows conversation back and forth. That would be more productive and we would welcome it. We have never shied away from that opportunity.

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**HOWARD:** All right. Any other questions? Senator Murman.

**MURMAN:** Sorry. And I'm not sure if you're the one to answer this question, and if you don't know, that's fine. But it seems like I'm hearing conflicting testimony that-- one is that any amount of exposure to ultraviolet light from a tanning bed predisposes you to, a person to skin cancer, and then I'm also hearing that a little bit of exposure to get a base tan started actually protects a person from skin cancer. So I'm kind of torn there.

**JOSEPH LEVY:** Thank you for your question, Senator. I'm going to provide you a sampling of material from researchers who have pointed out that our public health policies on this issue need to start embracing regular nonburning exposure because that, the benefits of that significantly outweigh the manageable risks which can be managed by practicing sunburn prevention. Most of the young people who get skin cancer do not use sun beds. That's kind of-- we're missing that point. That needs to be looked at more rigorously. Most of the people who get it have never touched a sun bed. Like I said, the, the biggest increase is in men over the age of 50, and there's almost no public health messaging aimed at men over the age of 50. We should be working together to teach sunburn prevention and correct sunscreen usage outdoors. I think I've told many of you that, you know, we're trying to get facilities to teach their communities that, when you use sunscreen, you should use it. You need to put it on 20 minutes before you go out. You need to make sure you've put enough of the product on properly so that it actually works properly. And the sunscreen industry is well aware of the fact that most people don't use their product correctly. They've said that, openly and in many ways, that they put it on too thin. So they've created some statements that some of the higher level sunscreens they've created is because they know that it won't have an SPF effect of 60 or there's even a 100 on the market. And I think that some of the regulations are going down to that the limit is 50, but they need to create that so that people will get the net effect out of the sunscreen that, that is proper. Sunscreen is a, a-- I'm not going to stray too far, I promise-- but it's a very related topic. There are bills in the United States right now. The state of Hawaii has just outlawed oxybenzone-based sunscreens from being sold in that state, beginning in 2021. And there are other parts of the world that have done this because that chemical has been shown to damage coral. And they've looked at this for a number of years and they commissioned the University of Hawaii to do a study and it was written up, a very decent study that was something-- the New

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York Times did a whole page on it, I think, earlier this year, that showed that one ounce of oxybenzone, diluted in the equivalent of six swimming pools of water, actually started to kill the coral. And so how do we incorporate that? And I use oxybenzone-based sunscreen. I don't use it every day; I use it when sunburn is possible. So I'm not saying that sunscreen is dangerous; please don't interpret that. I would like to work with the National Council of Sun Safety [SIC] and other groups that advocate sunscreen that, and the ACS CAN. But I think we need to find some middle ground on this that respects that there is an entire field of research that says there are benefits of regular sun, and people should be avoiding sunburn, not simply saying a tanning bed is dangerous. I think I mentioned that you're just driving people into underground usage of sun beds. And I think it was, it was asked earlier how much of that exists. That has increased considerably in the last ten years. Forty-one percent of all tanning today takes place in nonsalon units because about half of the tanning salons in United States closed after the Affordable Care Act put a 10 percent tax on tanning salons but exempted gyms. So there are more tanning units in gyms today than there are in tanning salons-- unintended consequence. I'm not for or against ACA, but that's what happened because of it. They're out there.

**HOWARD:** Thank you, Mr. Levy.

**JOSEPH LEVY:** Thank you.

**HOWARD:** Any other questions? Seeing none, thank you for your testimony today.

**JOSEPH LEVY:** Thank you so much.

**HOWARD:** And as it's about 3:00, we're going to take a quick five-minute break, OK? And we'll reconvene at 3:10.

[BREAK]

**HOWARD:** [RECORDER MALFUNCTION]--reconvene the Health and Human Services Committee, and we will invite our next opposition testifier. Good afternoon.

**PAM ROWLAND:** Good afternoon. My name is Pam, P-a-m Rowland, R-o-w-l-a-n-d. Good afternoon, Senators and Committee Chair, Senator Howard. I'm speaking to you today on behalf of the Nebraska Board of Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art. It

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is the position of the board to oppose LB140. As a member of the board, I would state for the record that, to date, we have not had a single violation, with LB132, presented to the board since the bill's inception in 2014 by Senator Nordquist. Prohibiting individuals under the age of 18 to tan is likely to force them to seek out other unregulated, harmful methods of tanning. Examples of such would be excessive outdoor tanning with increased direct and unprotected sun exposure, unregulated home tanning beds, and what we refer to is back room beds, wherein businesses possess professional tanning beds in their back rooms, in an undisclosed location, with uneducated operators and unregulated by the state. Five percent of the tanning clients are between 16-17 years old. Losing business from that particular age group would result in a 10 percent net loss for most salons, thereby potentially causing more small businesses to close. The decision of whether a 16- or 17-year-old should be allowed to utilize tanning beds is a decision that belongs in the hands of the Nebraska parents. We are of the firm opinion that parents in Nebraska have historically been, and continue to be, conservative and, as a whole, very conventional-minded with respect to what is best for their children. Please allow parents in Nebraska to parent their children, and leave the decision up to them. We are confident that regulations are what is best for our clients and that salon owners in the state of Nebraska will remain committed to the health and safety of those who utilize our services. I thank you for your consideration--

**HOWARD:** Thank you.

**PAM ROWLAND:** --and open for questions.

**HOWARD:** Are there any questions? Seeing none-- double-checking--

**PAM ROWLAND:** Thank you.

**HOWARD:** Thank you for your testimony today. Our next opponent testifier. Good afternoon.

**BECKY PETTIGREW:** Good afternoon. Good afternoon, senators and Committee Chair, Senator Howard. Thank you for the opportunity to speak to you in opposition of LB140. My name is Becky Pettigrew, B-e-c-k-y P-e-t-t-i-g-r-e-w. I live in Valentine and have had tanning beds in my salon since 2002. I'm here today to speak as a small business owner and as a parent. First and foremost, I am frustrated that, as a parent, I am once again having my parental rights possibly being taken from me again by our government. I have very strong



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feelings that, as a parent, I should be able to make the decision as to whether or not my child is allowed to use a tanning bed, just as I did as a responsible parent when my children were of a very young age and I began properly using sun protection, long before my child was interested in using a tanning bed. There are various reasons why children may use tanning beds for health issues. They include acne management, as an alternative to using potentially dangerous chemicals which can be prescribed, and for those who are affected by skin diseases which cannot be addressed with medication. Dermatology uses sun beds to treat cosmetic conditions. Many dermatologists use identical sun beds in their offices to treat cosmetic skin diseases, and many send clients to tanning salons, particularly in rural areas, to self-treat psoriasis and other cosmetic conditions. According to a 2015 survey of American Academy of Dermatology members, 99 of 100 dermatologists believe UV exposure is an effective treatment option. Nearly nine out of ten dermatologists recommend the usage of UV lamps as a form of treatment. More than one in four dermatologists recommend patients use suntanning salons as a convenient, cost-effective self-treatment options. Secondly, I would like to address this issue from the small business owner's perspective. I have owned and operated my nail and gift boutique since 1997. In the past 17 years, I have been able to build three separate rooms for tanning beds. With the exception of LB130, the state of Nebraska has no laws governing indoor tanning, but I crafted my shop using regulations from other states, to make certain proper safety is used by my clients. Are you aware of the guidelines that our insurance companies require us tanning bed owners to follow for the protection and safety of our customers? Then Senator Jim Scheer stated, in March of 2014, and I quote: The passing of LB132 would ensure that parents' rights are respected while still protecting young Nebraskans. This should be a compromise that everyone can live with, end quote. Senators, I ask you, what has changed? As a member of the Board of Cosmetology Electrology, Esthetics, Nail Technology, and Body Art, I see how hard it is to inspect all professional salons as it is. Our state simply cannot afford to hire more inspectors to drive around our state, to enforce or locate the approximately 95 professional tanning facilities in our state, let alone beds that are hid, out of sight to the general public. I live in rural Nebraska, where the main source of income for our young people is summer hayfield work for ranchers, employment by one of the numerous canoeing outfitters on the beautiful Niobrara River, our pristine professional golf courses, or our newly built swimming pool, which employs at least 12 young men and women between the months of May and August. We are fortunate to have Merritt Reservoir, for recreational enjoyment and

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fun in the sun, 28 miles southwest of Valentine. All of these activities and jobs require exposure to the sun. One would have to ask oneself if regulation of Mother Nature is the next step. As I review the three-page bill, I would like to reiterate that my customers are already informed of the possible side effects of indoor tanning. They are shown the medications list to review, making certain that they are not currently taking anything that would possibly cause a reaction to the ultraviolet lights, and they are personally asked, before ever getting into beds, if there are any medications that could cause potential side effects. Proper eye protection is provided, as well, and, when customers are done with the use of the bed, they are disinfected with a disinfectant similar to that in hospitals. Senators, it seems unfathomable to me that the government should attempt to dictate to my child, or any customer coming into my shop to use the tanning equipment, how to operate my business or who will be able to patronize my business. Lastly, business owners who depend on tanning financially for our business, like myself and other tanning salons in the city, are facing a huge financial hit by having to refuse business to clientele. Not only will our businesses lose income from tanning but, more importantly, the business derived from those customers coming to our business to use the tanning facility will be lost. To me it seems discriminatory in nature. Nebraska is a great place to live in and to raise a family. We are hard workers and we take much pride in our families and our state. Let us continue to parent our children. I ask you to please reconsider or vote no on LB140 and allow the parents of Nebraska to decide what is best for our kids, not the government. Thank you.

**HOWARD:** Thank you. Perfect, perfectly timed.

**BECKY PETTIGREW:** Thank you.

**HOWARD:** Any questions? Senator Hansen.

**B. HANSEN:** The same question that I asked previously of another tan, tanning facility owner-- do you have your clientele tell sign a, an informed consent--

**BECKY PETTIGREW:** Yes, they do.

**B. HANSEN:** --that informs them of the use, or overuse of suntanning and the damage that can cause them?

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**BECKY PETTIGREW:** It is posted in actually all three of my rooms. And then the form that the parents fill out when their child comes in to tan, or when anybody comes in to tan, they are also given that, as well.

**B. HANSEN:** OK.

**HOWARD:** Any other questions? Seeing none, thank you for visiting us all the way from Valentine.

**BECKY PETTIGREW:** Thank you.

**HOWARD:** All right. Our next opponent testifier?

**MONICA PARRIS:** Good afternoon. Thank you, senators, for taking time on this Friday afternoon. I'm happy to tell you I will be your last person for the day. My name is Monica Parris, M-o-n-i-c-a P-a-r-r-i-s. I have been in the tanning industry since 1985. I switched up what I wanted to say today, based on everything that I've heard thus far. I think that there's some answers that maybe I can help give. I want to first by, start by saying I oppose LB140, of how it reads now. I think that there's ways to compromise. I think that we all want the same thing, and that's better for our community. I don't care if it's 16, 18, 25-- whatever it may be. I'm very open to that, and I do think that we can get there. Tanning isn't for everyone, and that's OK. I heard, in earlier conversation, do you market to young kids. In my opinion, when you turn on the TV this time of year-- and people talk about vacation. They don't talk about going to Alaska. They talk about going to the beach. They're talking about spring break. Abercrombie, you know, a young, directed towards young. If they're dressed in shorts with a tan, I can't, I don't feel that it's fair to say that salons tell society that a vacation means going to the beach, some park, someplace warm and basking in the sun. That tanning salons direct their, their business to that age group, that's society and that's been with us for years and years and years. I think that the bill, the way it reads, it seems to target indoor tanning professionals. And I say professionals because, as with some of the other testimony, we spend thousands of dollars to follow everything we possibly can. Everything that you've been, you know, asked of us, we follow. Posting it in the rooms-- I did happen to have a client form that you spoke of, that I'm happy to show anyone of what it would look like for a parent or anyone to sign, the questions that are on there. I think that it's skimming over the possibility of-- I won't call them underground tanning beds-- but I, myself, was shocked when I did a

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quick Google search on how many apartment complexes here in Lincoln had tanning beds that were open 24 hours. They advertise 24-hour fitness, and with that comes free tanning. They target the students. You know, it, it, it will say on there: to, you know, five minutes from campus, here's to UNL. When it's winter, come in and use our 24-hour free tanning. We're not looking at that as being a possibility that maybe tanning beds get a bad rap for those that are unsupervised. Some of the same gyms that you swipe a card to get into, they also have tanning beds. Some of the gyms, most of the gyms have the exact same equipment that our professional salons here in Lincoln have. But they get to call them healthy and it's OK. I think, again, there's a compromise that can be made. And I've been in this industry long enough that I'm, I'm not okay with giving up with my voice. I am a parent. I looked out for my daughter. I look out for my customers as my kids, my coworkers as my kids. That's kind of the direction that I think you would want business owners to look at in our industry, is looking at every individual. I don't care what age they are, and doing what's right for their skin type. Someone that's red hair, fair-complected? You're right; they shouldn't tan, not indoors but not outdoors. That means spring break, that means laying out with their friends, that means being a lifeguard, whatever the case may be. But I think a lot of times when people do prep for, say, spring break or vacation or prom, the question isn't asked, did you ever lay outside? You know, you may have visited a tanning salon for two or three times. But did you lie outside two or three times, too? And so it just tends to fall back on us. But maybe the whole story isn't always told. So on that note, I did, "unpreparingly"-- I don't have a copy for everyone-- but I do have local gyms that are advertising the free tanning, healthy tanning. I do have seven apartment complexes just here in Lincoln. I can't say what's all out there with Kearney and Omaha, but they are there. So I thank you again for your time. Happy Friday. If you do have any questions, I'm more than welcome to answer.

**HOWARD:** All right. Any questions? Seeing none, if you'd like to make copies--

**MONICA PARRIS:** OK.

**HOWARD:** --and deliver them to the individual senators' offices, we can--

**MONICA PARRIS:** If you'd like, I absolutely will.

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**HOWARD:** --ensure that they go into our, into our files that way.

**MONICA PARRIS:** OK.

**HOWARD:** Thank you.

**MONICA PARRIS:** OK, thank you.

**HOWARD:** Anyone else wishing to testify in opposition to LB140? Is there anyone wishing to testify in a neutral capacity? Seeing none, Senator Kolowski, you are welcome to close.

**KOLOWSKI:** Thank you very much, Madam Chair, and I appreciate the opportunity to close this at this time. And I think it, it's been a good afternoon in the sense of the number of things we've learned and the places where people are coming from, as far as some of the, the experiences they've had and, and where we are as far as what we're trying to get done in, in our own fashion. One of the, one of the aspects that is close to me, and what I did not elaborate upon, but I think it's important just to take a minute and do that. I want to thank Kandice for her testimony today. And she was one of my students. In 2001 she graduated from Millard West High School. I haven't seen her since then, but we have bumped into each other today, and I had no idea she was going to be here. But it's good to see your, your former students and find out what they're doing in life. And I hope you listened very carefully to what she was saying because, when she got into the mind and the life and the times of a high school student, and what they look at and what they do-- and there's, no, I had twenty 2,300 students at that time at Millard West. That's more human beings than many of our counties have, as you well know. It's one of the top five size high schools in the state. And I was principal of that for 15 years. The structure within that high school was such that I had a hand in a lot of different things through very supreme people that I charged with carrying out different tasks in the building. One of them was, very simply, or a combination of them, cheerleaders, dance team, athletes, combination of show choirs, all the other, all the other groups that were large. My AD, activities director, and I worked with the sponsors of those groups to make sure that there was a careful use of the kinds of things we were hearing about today, especially tanning beds. And they did exist, all the way back to 1995, when we opened that building. Students have access to things. It's in the neighborhoods. It's on sale; you can take it by the hour or do it by the visit or, whatever you're doing, there's different ways-- different things can be accumulated. We worked with our sponsors of

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those clubs or organizations to make sure that they were watching and looking at the students they were dealing with to make sure they weren't frying themselves, because that's an important part of growing up and having a balance among the things you're doing. Yes, prom and yes, homecoming had peak times with the use of tanning beds and wanting to look buff, wanting to have all those things take place where you looked great when you had that picture taken that you put on the mantle and that's, that was our homecoming or that was our, our prom experience. But more importantly, how did you get to where you were that particular day, especially with the use of something that could be very dangerous and very damaging to you, as a student? Relationships between student and parents, the ability to say no and mean it, and to stop your child from doing something that could be harmful, doing something that would be more positive, getting them out of the realm of that come, competition with their peers. And you know what I'm talking about. You've all raised kids or a combination of things that have happened. The two sons that my wife and I raised, we went through the same kind of things. We don't want them to hurt themselves by doing something on the edge of illegal or past the realm of, of hurting themselves; that's not good. So we worked with our sponsors, my AD and I, of every one of those clubs and organizations, so kids would be careful in doing what they were doing so they didn't have these problems in later life. Kandice's story is, is a very typical story. And I praise her for the courage to show up and do this today, as well as for the healing and the prosperity of her life in the future. But there are thousands of Kandices, every day making decisions about what they're doing and how they're doing it. I say, share that with you because that was a large part of my life for a long time, and it's beyond books and learning, on a daily basis. It's the bigger picture of life that you have kids under your roof, as a school principal, trying to do things in the right way because you know decision, decision-making improves with age; I believe that's an adage we can probably agree with. And so those are the things that I hope we can look back on, as we look at this and where we are going. The possibility of round-table discussions is open with me. I have no problem with that as long as we're discussing facts, proven facts that are accurate, and that we can share and reach decisions in a mutual fashion that would be best for all of us. So wherever we are with this bill, at this time, could be added to with amendments in the future. But the important thing is we're trying to do something that is correct. We're trying to do something that is right. We're trying to do something that can save lives. That's important to me. If we do that correctly, and make a difference in the lives of the kids and the

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families they'll have in the future, just as you heard from Kandice, then we're doing the right thing in the right way. So whatever we do in the future with this, as this gets discussed in your committee, I think it's something very worthwhile that we can be impactful upon the students and the families that we are working with. Thank you for allowing me to do that.

**HOWARD:** Thank you, Senator. Are there questions? Seeing none, the, some of the testifiers had mentioned an amendment. Have you seen that amendment? Have you considered that amendment?

**KOLOWSKI:** Yes, I have. We did not submit that at this time. We wanted to get this phase on the table and brought forward. And that is something we are more than willing to have discussions on.

**HOWARD:** OK, great. Thank you so much, and happy Friday.

**KOLOWSKI:** Happy Friday. Thank you very much.

**HOWARD:** All right. This concludes the hearing for LB140 and concludes our hearings for the day. We won't have an Exec Session.