

26:2ZZ-1 & 26:2ZZ-2
LEGISLATIVE HISTORY CHECKLIST
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LAWS OF: 2017 **CHAPTER:** 55

NJSA: 26:2ZZ-1 & 26:2ZZ-2 (Establishes Mike Adler Aphasia Task Force to assess needs of persons with aphasia, and their families, and ensure adequate provision of support services and information thereto)

BILL NO: S2286 (Substituted for A3083)

SPONSOR(S) Weinberg and others

DATE INTRODUCED: 5/26/2016

COMMITTEE: **ASSEMBLY:** Human Services

SENATE: Health, Human Services and Senior Citizens

AMENDED DURING PASSAGE: No

DATE OF PASSAGE: **ASSEMBLY:** 3/16/2017

SENATE: 1/23/2017

DATE OF APPROVAL: 5/1/2017

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (Introduced version of bill enacted) Yes

S2286

SPONSOR'S STATEMENT: (Begins on page 5 of introduced bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY:** Yes

SENATE: Yes

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

A3083

SPONSOR'S STATEMENT: (Begins on page 5 of introduced bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY:** Yes

SENATE: No

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

(continued)

VETO MESSAGE:	No
GOVERNOR'S PRESS RELEASE ON SIGNING:	Yes
FOLLOWING WERE PRINTED:	
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REPORTS:	No
HEARINGS:	No
NEWSPAPER ARTICLES:	No

RWH/JA

P.L.2017, CHAPTER 55, *approved May 1, 2017*
Senate, No. 2286

1 **AN ACT** concerning the increased provision of support services to
2 persons with aphasia and supplementing Title 26 of the Revised
3 Statutes.

4

5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*

7

8 1. The Legislature finds and declares that:

9 a. Aphasia is a disorder of the brain, which affects a person's
10 ability to communicate, and which most commonly occurs after a
11 stroke or traumatic brain injury;

12 b. Although aphasia is most common among older people, it
13 can be acquired by people of all ages who have suffered severe head
14 trauma;

15 c. A person with aphasia typically has difficulty speaking and,
16 sometimes, difficulty with reading, writing, and understanding what
17 other people are saying; however, the condition does not affect a
18 person's intellect;

19 d. The type and severity of language dysfunction suffered by a
20 person with aphasia depends on the precise location and extent of
21 damaged brain tissue;

22 e. Generally, there are four types of aphasia: (1) expressive
23 aphasia, which involves difficulty in conveying thoughts through
24 speech or writing; (2) receptive aphasia, which involves difficulty
25 in understanding spoken or written language; (3) anomia or amnesia
26 aphasia, the least severe form of aphasia, which involves difficulty
27 in using the correct names for particular objects, people, places, or
28 events; and (4) global aphasia, the most severe form of aphasia,
29 which involves the loss of almost all language function, both
30 comprehension and expression;

31 f. There is no one treatment process that is proven to be
32 effective for all types of aphasia, and although persons with aphasia
33 usually experience improvement over time with the aid of speech
34 therapy, rehabilitation services, and counseling, many persons with
35 aphasia are prone to depression, hopelessness, and isolation, and
36 tend to avoid social situations, since communication with others
37 may lead to mutual frustration;

1 g. It is estimated that one million people in the United States
2 have aphasia, more than the number of people suffering from
3 Parkinson's disease, muscular dystrophy, multiple sclerosis, or
4 cerebral palsy; and

5 h. It is, therefore, in the public interest for the State to establish
6 a permanent aphasia task force to ensure that there are appropriate
7 informational resources and support systems available in the State
8 to assist persons with aphasia, and their families.

9
10 2. a. There is established, in the Department of Health, the
11 "Mike Adler Aphasia Task Force."

12 b. The task force shall consist of 13 members as follows:

13 (1) the Commissioners of Health and Human Services, who
14 shall serve ex officio;

15 (2) five representatives from the State's model aphasia support
16 and treatment programs, including one representative from the non-
17 profit Adler Aphasia Center; one representative from the Kean
18 University Institute for Adults Living with Communication
19 Disabilities; one representative from the private speech-language
20 pathology practice, Speaking of Aphasia; one representative from
21 the medically-based support group, JFK-Johnson Rehabilitation
22 Institute; and one representative from the private aphasia practice,
23 Lingraphica; and

24 (3) six public members to be appointed as follows: two public
25 members to be appointed by the Senate President, one of whom
26 shall be a person with aphasia, and one of whom shall be a
27 professional who provides caregiving services to persons with
28 aphasia; two public members to be appointed by the Speaker of the
29 General Assembly, one of whom shall be a person with aphasia, and
30 one of whom shall be a professional who provides speech-language
31 pathology services to persons with aphasia; and two public
32 members to be appointed by the Governor, one of whom shall be a
33 professional who provides caregiving services to persons with
34 aphasia, and one of whom shall be a professional who provides
35 speech-language pathology services to persons with aphasia.

36 c. The purpose of the task force shall be to: monitor the
37 prevalence of aphasia in New Jersey; assess the unmet needs of
38 persons with aphasia, and their families; identify, and facilitate the
39 establishment of, aphasia support groups and other support and
40 informational resources designed to assist in satisfying the unmet
41 needs of residents with aphasia, and their families; and provide
42 recommendations to the Governor and Legislature, in accordance
43 with the provisions of subsection i. of this section, for legislation or
44 other governmental action that would further facilitate the support
45 of persons with aphasia, and their families. In effectuating its
46 purposes under this act, the task force shall:

47 (1) establish, or encourage and facilitate the establishment of,
48 new aphasia support groups in senior centers, Federally Qualified

- 1 Health Centers, county offices for the disabled, county offices on
2 aging, and libraries throughout the State, with a focus on improving
3 access to aphasia support services in areas of the State that have
4 significant senior and minority populations;
- 5 (2) provide orientation programs for speech language
6 pathologists and caregivers who are interested in volunteering to
7 facilitate the operation of new aphasia support groups established
8 under paragraph (1) of this subsection;
- 9 (3) encourage all universities in the State with graduate-level
10 programs in speech-language pathology to offer aphasia support
11 groups to members of the public;
- 12 (4) coordinate the operations of aphasia support groups in the
13 State, in order to facilitate the Statewide sharing of data and
14 resources, and the adoption of collaborative efforts designed to
15 provide support and treatment to persons with aphasia, and their
16 families;
- 17 (5) create various focus groups that engage persons with
18 aphasia, aphasia support group staff, and aphasia caregivers and
19 speech-language pathologists, for the purposes of assessing and
20 highlighting the region-by-region needs of persons with aphasia,
21 and their families;
- 22 (6) encourage hospitals in the State to distribute information
23 about aphasia, upon patient discharge, to patients who have had a
24 stroke or head injury, and provide hospitals with appropriate
25 pamphlets or other documentation, such as the informational
26 materials that are available from the National Aphasia Association
27 (NAA), the American Stroke Association (ASA), or the American
28 Speech-Language-Hearing Association (ASHA), for the purposes of
29 distribution to such patients;
- 30 (7) establish, at a publicly accessible location on the Internet
31 website of the Department of Health, a webpage dedicated to
32 aphasia, which shall include relevant information on aphasia, and
33 contact information for the available aphasia support groups in the
34 State;
- 35 (8) compile, and post on the aphasia webpage established under
36 paragraph (7) of this subsection, a registry of counselors and
37 psychologists in the State who are available to work with persons
38 with aphasia, and their families;
- 39 (9) explore, document, and list on the aphasia webpage
40 established under paragraph (7) of this subsection, any funding
41 sources that are available for post-acute services provided to
42 persons with aphasia in the chronic phase;
- 43 (10) create an aphasia-friendly newsletter, which shall be
44 designed to provide persons with aphasia, caregivers, and
45 professionals with updated information about new developments in
46 the treatment of aphasia, and which shall be posted on the aphasia
47 webpage established under paragraph (7) of this subsection, and

- 1 disseminated to appropriate support, treatment, and educational
2 groups, and to persons with aphasia, on a quarterly basis;
- 3 (11) coordinate with the State's county agencies on aging and
4 county agencies for the disabled; supply each county agency with
5 listings and descriptions of aphasia services and support groups
6 available in their area; and encourage each agency to provide
7 information about these services and support groups to their clients;
8 and
- 9 (12) enlist persons with aphasia in the chronic phase to instruct
10 first responders, medical personnel, vendors, and others in their
11 respective communities about the needs and abilities of persons
12 with aphasia, and the needs of their families and caregivers; and
13 provide appropriate assistance to these instructors.
- 14 d. The task force shall organize as soon as practicable after the
15 appointment of a majority of its members, and may meet and hold
16 hearings at such places and times as it shall designate.
- 17 e. The members of the task force shall serve without
18 compensation, but may be reimbursed for travel and other necessary
19 expenses incurred in the performance of their duties, within the
20 limits of funds appropriated or otherwise made available to the task
21 force for its purposes.
- 22 f. The Department of Health shall provide professional and
23 clerical staff to the task force as may be necessary for the task
24 force's purposes, and the task force shall also be entitled to call
25 upon the services of any State, county, or municipal department,
26 board, commission, or agency, as may be available to it for its
27 purposes.
- 28 g. In executing its duties under this act, the task force shall
29 consult with associations, organizations, and individuals who are
30 knowledgeable about the needs of persons with aphasia, and their
31 families.
- 32 h. The task force may solicit and receive grants and other funds
33 that are made available for the task force's purposes by any
34 governmental, public, private, not-for-profit, or for-profit agency,
35 including funds that are made available under any federal or State
36 law, regulation, or program.
- 37 i. Within 12 months after the task force's organizational
38 meeting, and at least biennially thereafter, the task force shall
39 submit a written report to the Governor, and, pursuant to section 2
40 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature. Each report
41 submitted pursuant to this subsection shall contain the task force's
42 findings on the prevalence of aphasia in the State, information as to
43 the status and success of existing aphasia support services in the
44 State, and any recommendations for legislative or other action that
45 may be necessary to address the unmet needs of persons with
46 aphasia and their families.
- 47
- 48 3. This act shall take effect immediately.

STATEMENT

1
2
3 This bill establishes, in the Department of Health (DOH), the
4 “Mike Adler Aphasia Task Force.” The purpose of the task force
5 will be to: monitor the prevalence of aphasia in New Jersey; assess
6 the unmet needs of persons with aphasia, and their families;
7 identify, and facilitate the establishment of, aphasia support groups
8 and other support and informational resources designed to assist in
9 satisfying the unmet needs of residents with aphasia, and their
10 families; and provide recommendations to the Governor and
11 Legislature for legislation or other action that would further
12 facilitate the support of persons with aphasia, and their families.

13 The task force will consist of 13 members, including the
14 Commissioners of Health and Human Services, who will serve ex
15 officio; five members representing each of the State’s five existing
16 model aphasia support and treatment programs; and six public
17 members to be appointed as follows: two public members to be
18 appointed by the Senate President, one of whom is to be a person
19 with aphasia, and one of whom is to be a professional who provides
20 caregiving services to persons with aphasia; two public members to
21 be appointed by the Speaker of the General Assembly, one of whom
22 is to be a person with aphasia, and one of whom is to be a
23 professional who provides speech-language pathology services to
24 persons with aphasia; and two public members to be appointed by
25 the Governor, one of whom is to be a professional who provides
26 caregiving services to persons with aphasia, and one of whom is to
27 be a professional who provides speech-language pathology services
28 to persons with aphasia.

29 In effectuating its purposes under the bill’s provisions, the task
30 force will be required to:

- 31 – establish, or encourage and facilitate the establishment of,
32 new aphasia support groups in senior centers, Federally Qualified
33 Health Centers, county offices for the disabled, county offices on
34 aging, and libraries throughout the State, with a focus on improving
35 access to aphasia support services in areas of the State that have
36 significant senior and minority populations;
- 37 – provide orientation programs for speech language
38 pathologists and caregivers who are interested in volunteering to
39 facilitate the operation of new aphasia support groups;
- 40 – encourage all universities in the State with graduate-level
41 programs in speech-language pathology to offer aphasia support
42 groups to members of the public;
- 43 – coordinate the operations of aphasia support groups in the
44 State, in order to facilitate the Statewide sharing of data and
45 resources, and the adoption of collaborative aphasia support and
46 treatment efforts;

- 1 – create various aphasia focus groups, involving interested
- 2 parties, to assess and highlight the region-by-region needs of
- 3 persons with aphasia, and their families;
- 4 – encourage hospitals in the State to distribute information
- 5 about aphasia, upon patient discharge, to patients who have had a
- 6 stroke or head injury, and provide hospitals with appropriate
- 7 pamphlets or other documentation for the purposes of distribution;
- 8 – establish, at a publicly accessible location on the DOH
- 9 website, a webpage dedicated to aphasia, which will include
- 10 relevant information on aphasia, and contact information for the
- 11 available aphasia support groups in the State;
- 12 – compile, and post on the aphasia webpage, a registry of
- 13 counselors and psychologists in the State who are available to work
- 14 with persons with aphasia, and their families;
- 15 – explore, document, and list on the aphasia webpage, any
- 16 funding sources that are available for post-acute services provided
- 17 to persons with aphasia in the chronic phase;
- 18 – create an aphasia-friendly newsletter, which will be designed
- 19 to provide persons with aphasia, caregivers, and professionals with
- 20 updated information about new developments in the treatment of
- 21 aphasia, and which will be posted on the aphasia webpage, and
- 22 disseminated to appropriate support, treatment, and educational
- 23 groups, and to persons with aphasia, on a quarterly basis;
- 24 – coordinate with the State’s county agencies on aging and
- 25 county agencies for the disabled; supply each county agency with
- 26 listings and descriptions of aphasia services and support groups
- 27 available in their area; and encourage each agency to provide
- 28 information about these services and support groups to their clients;
- 29 and
- 30 – enlist persons with aphasia in the chronic phase to instruct
- 31 first responders, medical personnel, vendors, and others in their
- 32 respective communities about the needs and abilities of persons
- 33 with aphasia, and the needs of their families and caregivers; and
- 34 provide appropriate assistance to these instructors.

35 In executing the above-listed duties, the task force will be
36 required to consult with associations, organizations, and individuals
37 who are knowledgeable about the needs of persons with aphasia,
38 and their families.

39 The bill will require the task force to organize as soon as
40 practicable after the appointment of a majority of its members, and
41 will authorize the task force to meet and hold hearings at such
42 places and times as it may designate. The task force members will
43 serve without compensation, but may be reimbursed for travel and
44 other necessary expenses incurred in the performance of their
45 duties, within the limits of funds appropriated or otherwise made
46 available to the task force for its purposes. The DOH will be
47 required to provide professional and clerical staff to the task force
48 for its purposes, and the task force will be entitled to call upon the

1 services of any other State, county, or municipal department, board,
2 commission, or agency, as may be available for its purposes.
3 Finally, the task force will be authorized to solicit and receive
4 grants and other funds that are made available for its purposes by
5 any governmental, public, private, not-for-profit, or for-profit
6 agency.

7 The bill will require the task force, within 12 months after the
8 task force's organizational meeting, and at least biennially
9 thereafter, to submit a written report to the Governor and the
10 Legislature containing its findings on aphasia, as well as its
11 recommendations for legislative or other action that may be
12 necessary to address the unmet needs of persons with aphasia, and
13 their families.

14 The task force is to be named after Mike Adler, a businessman,
15 philanthropist, and founder of the Adler Aphasia Center, who
16 passed away in September 2015 at his home in Franklin Lakes, New
17 Jersey.

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21

22 Establishes Mike Adler Aphasia Task Force to assess needs of
23 persons with aphasia, and their families, and ensure adequate
24 provision of support services and information thereto.

SENATE, No. 2286

STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED MAY 26, 2016

Sponsored by:

Senator LORETTA WEINBERG

District 37 (Bergen)

Senator ROBERT M. GORDON

District 38 (Bergen and Passaic)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman TIM EUSTACE

District 38 (Bergen and Passaic)

Assemblyman GORDON M. JOHNSON

District 37 (Bergen)

SYNOPSIS

Establishes Mike Adler Aphasia Task Force to assess needs of persons with aphasia, and their families, and ensure adequate provision of support services and information thereto.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 3/17/2017)

1 AN ACT concerning the increased provision of support services to
2 persons with aphasia and supplementing Title 26 of the Revised
3 Statutes.

4
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*

7
8 1. The Legislature finds and declares that:

9 a. Aphasia is a disorder of the brain, which affects a person's
10 ability to communicate, and which most commonly occurs after a
11 stroke or traumatic brain injury;

12 b. Although aphasia is most common among older people, it
13 can be acquired by people of all ages who have suffered severe head
14 trauma;

15 c. A person with aphasia typically has difficulty speaking and,
16 sometimes, difficulty with reading, writing, and understanding what
17 other people are saying; however, the condition does not affect a
18 person's intellect;

19 d. The type and severity of language dysfunction suffered by a
20 person with aphasia depends on the precise location and extent of
21 damaged brain tissue;

22 e. Generally, there are four types of aphasia: (1) expressive
23 aphasia, which involves difficulty in conveying thoughts through
24 speech or writing; (2) receptive aphasia, which involves difficulty
25 in understanding spoken or written language; (3) anomia or amnesia
26 aphasia, the least severe form of aphasia, which involves difficulty
27 in using the correct names for particular objects, people, places, or
28 events; and (4) global aphasia, the most severe form of aphasia,
29 which involves the loss of almost all language function, both
30 comprehension and expression;

31 f. There is no one treatment process that is proven to be
32 effective for all types of aphasia, and although persons with aphasia
33 usually experience improvement over time with the aid of speech
34 therapy, rehabilitation services, and counseling, many persons with
35 aphasia are prone to depression, hopelessness, and isolation, and
36 tend to avoid social situations, since communication with others
37 may lead to mutual frustration;

38 g. It is estimated that one million people in the United States
39 have aphasia, more than the number of people suffering from
40 Parkinson's disease, muscular dystrophy, multiple sclerosis, or
41 cerebral palsy; and

42 h. It is, therefore, in the public interest for the State to establish
43 a permanent aphasia task force to ensure that there are appropriate
44 informational resources and support systems available in the State
45 to assist persons with aphasia, and their families.

46
47 2. a. There is established, in the Department of Health, the
48 "Mike Adler Aphasia Task Force."

1 b. The task force shall consist of 13 members as follows:

2 (1) the Commissioners of Health and Human Services, who
3 shall serve ex officio;

4 (2) five representatives from the State's model aphasia support
5 and treatment programs, including one representative from the non-
6 profit Adler Aphasia Center; one representative from the Kean
7 University Institute for Adults Living with Communication
8 Disabilities; one representative from the private speech-language
9 pathology practice, Speaking of Aphasia; one representative from
10 the medically-based support group, JFK-Johnson Rehabilitation
11 Institute; and one representative from the private aphasia practice,
12 Lingraphica; and

13 (3) six public members to be appointed as follows: two public
14 members to be appointed by the Senate President, one of whom
15 shall be a person with aphasia, and one of whom shall be a
16 professional who provides caregiving services to persons with
17 aphasia; two public members to be appointed by the Speaker of the
18 General Assembly, one of whom shall be a person with aphasia, and
19 one of whom shall be a professional who provides speech-language
20 pathology services to persons with aphasia; and two public
21 members to be appointed by the Governor, one of whom shall be a
22 professional who provides caregiving services to persons with
23 aphasia, and one of whom shall be a professional who provides
24 speech-language pathology services to persons with aphasia.

25 c. The purpose of the task force shall be to: monitor the
26 prevalence of aphasia in New Jersey; assess the unmet needs of
27 persons with aphasia, and their families; identify, and facilitate the
28 establishment of, aphasia support groups and other support and
29 informational resources designed to assist in satisfying the unmet
30 needs of residents with aphasia, and their families; and provide
31 recommendations to the Governor and Legislature, in accordance
32 with the provisions of subsection i. of this section, for legislation or
33 other governmental action that would further facilitate the support
34 of persons with aphasia, and their families. In effectuating its
35 purposes under this act, the task force shall:

36 (1) establish, or encourage and facilitate the establishment of,
37 new aphasia support groups in senior centers, Federally Qualified
38 Health Centers, county offices for the disabled, county offices on
39 aging, and libraries throughout the State, with a focus on improving
40 access to aphasia support services in areas of the State that have
41 significant senior and minority populations;

42 (2) provide orientation programs for speech language
43 pathologists and caregivers who are interested in volunteering to
44 facilitate the operation of new aphasia support groups established
45 under paragraph (1) of this subsection;

46 (3) encourage all universities in the State with graduate-level
47 programs in speech-language pathology to offer aphasia support
48 groups to members of the public;

- 1 (4) coordinate the operations of aphasia support groups in the
2 State, in order to facilitate the Statewide sharing of data and
3 resources, and the adoption of collaborative efforts designed to
4 provide support and treatment to persons with aphasia, and their
5 families;
- 6 (5) create various focus groups that engage persons with
7 aphasia, aphasia support group staff, and aphasia caregivers and
8 speech-language pathologists, for the purposes of assessing and
9 highlighting the region-by-region needs of persons with aphasia,
10 and their families;
- 11 (6) encourage hospitals in the State to distribute information
12 about aphasia, upon patient discharge, to patients who have had a
13 stroke or head injury, and provide hospitals with appropriate
14 pamphlets or other documentation, such as the informational
15 materials that are available from the National Aphasia Association
16 (NAA), the American Stroke Association (ASA), or the American
17 Speech-Language-Hearing Association (ASHA), for the purposes of
18 distribution to such patients;
- 19 (7) establish, at a publicly accessible location on the Internet
20 website of the Department of Health, a webpage dedicated to
21 aphasia, which shall include relevant information on aphasia, and
22 contact information for the available aphasia support groups in the
23 State;
- 24 (8) compile, and post on the aphasia webpage established under
25 paragraph (7) of this subsection, a registry of counselors and
26 psychologists in the State who are available to work with persons
27 with aphasia, and their families;
- 28 (9) explore, document, and list on the aphasia webpage
29 established under paragraph (7) of this subsection, any funding
30 sources that are available for post-acute services provided to
31 persons with aphasia in the chronic phase;
- 32 (10) create an aphasia-friendly newsletter, which shall be
33 designed to provide persons with aphasia, caregivers, and
34 professionals with updated information about new developments in
35 the treatment of aphasia, and which shall be posted on the aphasia
36 webpage established under paragraph (7) of this subsection, and
37 disseminated to appropriate support, treatment, and educational
38 groups, and to persons with aphasia, on a quarterly basis;
- 39 (11) coordinate with the State's county agencies on aging and
40 county agencies for the disabled; supply each county agency with
41 listings and descriptions of aphasia services and support groups
42 available in their area; and encourage each agency to provide
43 information about these services and support groups to their clients;
44 and
- 45 (12) enlist persons with aphasia in the chronic phase to instruct
46 first responders, medical personnel, vendors, and others in their
47 respective communities about the needs and abilities of persons

1 with aphasia, and the needs of their families and caregivers; and
2 provide appropriate assistance to these instructors.

3 d. The task force shall organize as soon as practicable after the
4 appointment of a majority of its members, and may meet and hold
5 hearings at such places and times as it shall designate.

6 e. The members of the task force shall serve without
7 compensation, but may be reimbursed for travel and other necessary
8 expenses incurred in the performance of their duties, within the
9 limits of funds appropriated or otherwise made available to the task
10 force for its purposes.

11 f. The Department of Health shall provide professional and
12 clerical staff to the task force as may be necessary for the task
13 force's purposes, and the task force shall also be entitled to call
14 upon the services of any State, county, or municipal department,
15 board, commission, or agency, as may be available to it for its
16 purposes.

17 g. In executing its duties under this act, the task force shall
18 consult with associations, organizations, and individuals who are
19 knowledgeable about the needs of persons with aphasia, and their
20 families.

21 h. The task force may solicit and receive grants and other funds
22 that are made available for the task force's purposes by any
23 governmental, public, private, not-for-profit, or for-profit agency,
24 including funds that are made available under any federal or State
25 law, regulation, or program.

26 i. Within 12 months after the task force's organizational
27 meeting, and at least biennially thereafter, the task force shall
28 submit a written report to the Governor, and, pursuant to section 2
29 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature. Each report
30 submitted pursuant to this subsection shall contain the task force's
31 findings on the prevalence of aphasia in the State, information as to
32 the status and success of existing aphasia support services in the
33 State, and any recommendations for legislative or other action that
34 may be necessary to address the unmet needs of persons with
35 aphasia and their families.

36

37 3. This act shall take effect immediately.

38

39

40

STATEMENT

41

42 This bill establishes, in the Department of Health (DOH), the
43 "Mike Adler Aphasia Task Force." The purpose of the task force
44 will be to: monitor the prevalence of aphasia in New Jersey; assess
45 the unmet needs of persons with aphasia, and their families;
46 identify, and facilitate the establishment of, aphasia support groups
47 and other support and informational resources designed to assist in
48 satisfying the unmet needs of residents with aphasia, and their

1 families; and provide recommendations to the Governor and
2 Legislature for legislation or other action that would further
3 facilitate the support of persons with aphasia, and their families.

4 The task force will consist of 13 members, including the
5 Commissioners of Health and Human Services, who will serve ex
6 officio; five members representing each of the State's five existing
7 model aphasia support and treatment programs; and six public
8 members to be appointed as follows: two public members to be
9 appointed by the Senate President, one of whom is to be a person
10 with aphasia, and one of whom is to be a professional who provides
11 caregiving services to persons with aphasia; two public members to
12 be appointed by the Speaker of the General Assembly, one of whom
13 is to be a person with aphasia, and one of whom is to be a
14 professional who provides speech-language pathology services to
15 persons with aphasia; and two public members to be appointed by
16 the Governor, one of whom is to be a professional who provides
17 caregiving services to persons with aphasia, and one of whom is to
18 be a professional who provides speech-language pathology services
19 to persons with aphasia.

20 In effectuating its purposes under the bill's provisions, the task
21 force will be required to:

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24 Health Centers, county offices for the disabled, county offices on
25 aging, and libraries throughout the State, with a focus on improving
26 access to aphasia support services in areas of the State that have
27 significant senior and minority populations;

28 – provide orientation programs for speech language
29 pathologists and caregivers who are interested in volunteering to
30 facilitate the operation of new aphasia support groups;

31 – encourage all universities in the State with graduate-level
32 programs in speech-language pathology to offer aphasia support
33 groups to members of the public;

34 – coordinate the operations of aphasia support groups in the
35 State, in order to facilitate the Statewide sharing of data and
36 resources, and the adoption of collaborative aphasia support and
37 treatment efforts;

38 – create various aphasia focus groups, involving interested
39 parties, to assess and highlight the region-by-region needs of
40 persons with aphasia, and their families;

41 – encourage hospitals in the State to distribute information
42 about aphasia, upon patient discharge, to patients who have had a
43 stroke or head injury, and provide hospitals with appropriate
44 pamphlets or other documentation for the purposes of distribution;

45 – establish, at a publicly accessible location on the DOH
46 website, a webpage dedicated to aphasia, which will include
47 relevant information on aphasia, and contact information for the
48 available aphasia support groups in the State;

- 1 – compile, and post on the aphasia webpage, a registry of
- 2 counselors and psychologists in the State who are available to work
- 3 with persons with aphasia, and their families;
- 4 – explore, document, and list on the aphasia webpage, any
- 5 funding sources that are available for post-acute services provided
- 6 to persons with aphasia in the chronic phase;
- 7 – create an aphasia-friendly newsletter, which will be designed
- 8 to provide persons with aphasia, caregivers, and professionals with
- 9 updated information about new developments in the treatment of
- 10 aphasia, and which will be posted on the aphasia webpage, and
- 11 disseminated to appropriate support, treatment, and educational
- 12 groups, and to persons with aphasia, on a quarterly basis;
- 13 – coordinate with the State’s county agencies on aging and
- 14 county agencies for the disabled; supply each county agency with
- 15 listings and descriptions of aphasia services and support groups
- 16 available in their area; and encourage each agency to provide
- 17 information about these services and support groups to their clients;
- 18 and
- 19 – enlist persons with aphasia in the chronic phase to instruct
- 20 first responders, medical personnel, vendors, and others in their
- 21 respective communities about the needs and abilities of persons
- 22 with aphasia, and the needs of their families and caregivers; and
- 23 provide appropriate assistance to these instructors.

24 In executing the above-listed duties, the task force will be
25 required to consult with associations, organizations, and individuals
26 who are knowledgeable about the needs of persons with aphasia,
27 and their families.

28 The bill will require the task force to organize as soon as
29 practicable after the appointment of a majority of its members, and
30 will authorize the task force to meet and hold hearings at such
31 places and times as it may designate. The task force members will
32 serve without compensation, but may be reimbursed for travel and
33 other necessary expenses incurred in the performance of their
34 duties, within the limits of funds appropriated or otherwise made
35 available to the task force for its purposes. The DOH will be
36 required to provide professional and clerical staff to the task force
37 for its purposes, and the task force will be entitled to call upon the
38 services of any other State, county, or municipal department, board,
39 commission, or agency, as may be available for its purposes.
40 Finally, the task force will be authorized to solicit and receive
41 grants and other funds that are made available for its purposes by
42 any governmental, public, private, not-for-profit, or for-profit
43 agency.

44 The bill will require the task force, within 12 months after the
45 task force’s organizational meeting, and at least biennially
46 thereafter, to submit a written report to the Governor and the
47 Legislature containing its findings on aphasia, as well as its
48 recommendations for legislative or other action that may be

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1 necessary to address the unmet needs of persons with aphasia, and
2 their families.

3 The task force is to be named after Mike Adler, a businessman,
4 philanthropist, and founder of the Adler Aphasia Center, who
5 passed away in September 2015 at his home in Franklin Lakes, New
6 Jersey.

ASSEMBLY HUMAN SERVICES COMMITTEE

STATEMENT TO

SENATE, No. 2286

STATE OF NEW JERSEY

DATED: FEBRUARY 13, 2017

The Assembly Human Services Committee reports favorably Senate Bill No. 2286.

This bill establishes, in the Department of Health (DOH), the “Mike Adler Aphasia Task Force.” The purpose of the task force will be to: monitor the prevalence of aphasia in New Jersey; assess the unmet needs of persons with aphasia and their families; identify, and facilitate the establishment of, aphasia support groups and other support and informational resources designed to assist in satisfying the unmet needs of residents with aphasia and their families; and provide recommendations to the Governor and Legislature for legislation or other action that would further facilitate the support of persons with aphasia, and their families.

The task force will consist of 13 members, including the Commissioners of Health and Human Services, who will serve ex officio; five members representing each of the State’s five existing model aphasia support and treatment programs; and six public members to be appointed as follows: two public members to be appointed by the Senate President, one of whom is to be a person with aphasia, and one of whom is to be a professional who provides caregiving services to persons with aphasia; two public members to be appointed by the Speaker of the General Assembly, one of whom is to be a person with aphasia, and one of whom is to be a professional who provides speech-language pathology services to persons with aphasia; and two public members to be appointed by the Governor, one of whom is to be a professional who provides caregiving services to persons with aphasia, and one of whom is to be a professional who provides speech-language pathology services to persons with aphasia.

In effectuating its purposes under the bill’s provisions, the task force will be required to:

- establish, or encourage and facilitate the establishment of, new aphasia support groups in senior centers, Federally Qualified Health Centers, county offices for the disabled, county offices on aging, and libraries throughout the State, with a focus on improving access to aphasia support services in areas of the State that have significant senior and minority populations;
- provide orientation programs for speech language pathologists and caregivers who are interested in volunteering to facilitate the operation of new aphasia support groups;

- encourage all universities in the State with graduate-level programs in speech-language pathology to offer aphasia support groups to members of the public;
- coordinate the operations of aphasia support groups in the State, in order to facilitate the Statewide sharing of data and resources, and the adoption of collaborative aphasia support and treatment efforts;
- create various aphasia focus groups, involving interested parties, to assess and highlight the region-by-region needs of persons with aphasia, and their families;
- encourage hospitals in the State to distribute information about aphasia, upon patient discharge, to patients who have had a stroke or head injury, and provide hospitals with appropriate pamphlets or other documentation for the purposes of distribution;
- establish, at a publicly accessible location on the DOH website, a webpage dedicated to aphasia, which will include relevant information on aphasia, and contact information for the available aphasia support groups in the State;
- compile, and post on the aphasia webpage, a registry of counselors and psychologists in the State who are available to work with persons with aphasia, and their families;
- explore, document, and list on the aphasia webpage, any funding sources that are available for post-acute services provided to persons with aphasia in the chronic phase;
- create an aphasia-friendly newsletter, which will be designed to provide persons with aphasia, caregivers, and professionals with updated information about new developments in the treatment of aphasia, and which will be posted on the aphasia webpage, and disseminated to appropriate support, treatment, and educational groups, and to persons with aphasia, on a quarterly basis;
- coordinate with the State’s county agencies on aging and county agencies for the disabled; supply each county agency with listings and descriptions of aphasia services and support groups available in their area; and encourage each agency to provide information about these services and support groups to their clients; and
- enlist persons with aphasia in the chronic phase to instruct first responders, medical personnel, vendors, and others in their respective communities about the needs and abilities of persons with aphasia, and the needs of their families and caregivers; and provide appropriate assistance to these instructors.

In executing the above-listed duties, the task force will be required to consult with associations, organizations, and individuals who are knowledgeable about the needs of persons with aphasia, and their families.

The bill will require the task force to organize as soon as practicable after the appointment of a majority of its members, and will authorize the task force to meet and hold hearings at such places and times as it may designate. The task force members will serve

without compensation, but may be reimbursed for travel and other necessary expenses incurred in the performance of their duties, within the limits of funds appropriated or otherwise made available to the task force for its purposes. The DOH will be required to provide professional and clerical staff to the task force for its purposes, and the task force will be entitled to call upon the services of any other State, county, or municipal department, board, commission, or agency, as may be available for its purposes. Finally, the task force will be authorized to solicit and receive grants and other funds that are made available for its purposes by any governmental, public, private, not-for-profit, or for-profit agency.

The bill will require the task force, within 12 months after the task force's organizational meeting, and at least biennially thereafter, to submit a written report to the Governor and the Legislature containing its findings on aphasia, as well as its recommendations for legislative or other action that may be necessary to address the unmet needs of persons with aphasia, and their families.

The task force is to be named after Mike Adler, a businessman, philanthropist, and founder of the Adler Aphasia Center, who passed away in September 2015 at his home in Franklin Lakes, New Jersey.

As reported by the committee, Senate Bill No. 2286 is identical to Assembly Bill No. 3083 which was also reported by the committee on this date.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 2286

STATE OF NEW JERSEY

DATED: JANUARY 9, 2017

The Senate Health, Human Services and Senior Citizens Committee reports favorably Senate Bill No. 2286.

This bill establishes, in the Department of Health (DOH), the “Mike Adler Aphasia Task Force.” The purpose of the task force will be to: monitor the prevalence of aphasia in New Jersey; assess the unmet needs of persons with aphasia and their families; identify, and facilitate the establishment of, aphasia support groups and other support and informational resources designed to assist in satisfying the unmet needs of residents with aphasia and their families; and provide recommendations to the Governor and Legislature for legislation or other action that would further facilitate the support of persons with aphasia, and their families.

The task force will consist of 13 members, including the Commissioners of Health and Human Services, who will serve ex officio; five members representing each of the State’s five existing model aphasia support and treatment programs; and six public members to be appointed as follows: two public members to be appointed by the Senate President, one of whom is to be a person with aphasia, and one of whom is to be a professional who provides caregiving services to persons with aphasia; two public members to be appointed by the Speaker of the General Assembly, one of whom is to be a person with aphasia, and one of whom is to be a professional who provides speech-language pathology services to persons with aphasia; and two public members to be appointed by the Governor, one of whom is to be a professional who provides caregiving services to persons with aphasia, and one of whom is to be a professional who provides speech-language pathology services to persons with aphasia.

In effectuating its purposes under the bill’s provisions, the task force will be required to:

- establish, or encourage and facilitate the establishment of, new aphasia support groups in senior centers, Federally Qualified Health Centers, county offices for the disabled, county offices on aging, and libraries throughout the State, with a focus on improving access to aphasia support services in areas of the State that have significant senior and minority populations;

- provide orientation programs for speech language pathologists and caregivers who are interested in volunteering to facilitate the operation of new aphasia support groups;
- encourage all universities in the State with graduate-level programs in speech-language pathology to offer aphasia support groups to members of the public;
- coordinate the operations of aphasia support groups in the State, in order to facilitate the Statewide sharing of data and resources, and the adoption of collaborative aphasia support and treatment efforts;
- create various aphasia focus groups, involving interested parties, to assess and highlight the region-by-region needs of persons with aphasia, and their families;
- encourage hospitals in the State to distribute information about aphasia, upon patient discharge, to patients who have had a stroke or head injury, and provide hospitals with appropriate pamphlets or other documentation for the purposes of distribution;
- establish, at a publicly accessible location on the DOH website, a webpage dedicated to aphasia, which will include relevant information on aphasia, and contact information for the available aphasia support groups in the State;
- compile, and post on the aphasia webpage, a registry of counselors and psychologists in the State who are available to work with persons with aphasia, and their families;
- explore, document, and list on the aphasia webpage, any funding sources that are available for post-acute services provided to persons with aphasia in the chronic phase;
- create an aphasia-friendly newsletter, which will be designed to provide persons with aphasia, caregivers, and professionals with updated information about new developments in the treatment of aphasia, and which will be posted on the aphasia webpage, and disseminated to appropriate support, treatment, and educational groups, and to persons with aphasia, on a quarterly basis;
- coordinate with the State’s county agencies on aging and county agencies for the disabled; supply each county agency with listings and descriptions of aphasia services and support groups available in their area; and encourage each agency to provide information about these services and support groups to their clients; and
- enlist persons with aphasia in the chronic phase to instruct first responders, medical personnel, vendors, and others in their respective communities about the needs and abilities of persons with aphasia, and the needs of their families and caregivers; and provide appropriate assistance to these instructors.

In executing the above-listed duties, the task force will be required to consult with associations, organizations, and individuals who are

knowledgeable about the needs of persons with aphasia, and their families.

The bill will require the task force to organize as soon as practicable after the appointment of a majority of its members, and will authorize the task force to meet and hold hearings at such places and times as it may designate. The task force members will serve without compensation, but may be reimbursed for travel and other necessary expenses incurred in the performance of their duties, within the limits of funds appropriated or otherwise made available to the task force for its purposes. The DOH will be required to provide professional and clerical staff to the task force for its purposes, and the task force will be entitled to call upon the services of any other State, county, or municipal department, board, commission, or agency, as may be available for its purposes. Finally, the task force will be authorized to solicit and receive grants and other funds that are made available for its purposes by any governmental, public, private, not-for-profit, or for-profit agency.

The bill will require the task force, within 12 months after the task force's organizational meeting, and at least biennially thereafter, to submit a written report to the Governor and the Legislature containing its findings on aphasia, as well as its recommendations for legislative or other action that may be necessary to address the unmet needs of persons with aphasia, and their families.

The task force is to be named after Mike Adler, a businessman, philanthropist, and founder of the Adler Aphasia Center, who passed away in September 2015 at his home in Franklin Lakes, New Jersey.

ASSEMBLY, No. 3083

STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED FEBRUARY 18, 2016

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman TIM EUSTACE

District 38 (Bergen and Passaic)

Assemblyman GORDON M. JOHNSON

District 37 (Bergen)

SYNOPSIS

Establishes Mike Adler Aphasia Task Force to assess needs of persons with aphasia, and their families, and ensure adequate provision of support services and information thereto.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 1/24/2017)

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2

1 AN ACT concerning the increased provision of support services to
2 persons with aphasia and supplementing Title 26 of the Revised
3 Statutes.

4

5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:

7

8 1. The Legislature finds and declares that:

9 a. Aphasia is a disorder of the brain, which affects a person's
10 ability to communicate, and which most commonly occurs after a
11 stroke or traumatic brain injury;

12 b. Although aphasia is most common among older people, it
13 can be acquired by people of all ages who have suffered severe head
14 trauma;

15 c. A person with aphasia typically has difficulty speaking and,
16 sometimes, difficulty with reading, writing, and understanding what
17 other people are saying; however, the condition does not affect a
18 person's intellect;

19 d. The type and severity of language dysfunction suffered by a
20 person with aphasia depends on the precise location and extent of
21 damaged brain tissue;

22 e. Generally, there are four types of aphasia: (1) expressive
23 aphasia, which involves difficulty in conveying thoughts through
24 speech or writing; (2) receptive aphasia, which involves difficulty
25 in understanding spoken or written language; (3) anomia or amnesia
26 aphasia, the least severe form of aphasia, which involves difficulty
27 in using the correct names for particular objects, people, places, or
28 events; and (4) global aphasia, the most severe form of aphasia,
29 which involves the loss of almost all language function, both
30 comprehension and expression;

31 f. There is no one treatment process that is proven to be
32 effective for all types of aphasia, and although persons with aphasia
33 usually experience improvement over time with the aid of speech
34 therapy, rehabilitation services, and counseling, many persons with
35 aphasia are prone to depression, hopelessness, and isolation, and
36 tend to avoid social situations, since communication with others
37 may lead to mutual frustration;

38 g. It is estimated that one million people in the United States
39 have aphasia, more than the number of people suffering from
40 Parkinson's disease, muscular dystrophy, multiple sclerosis, or
41 cerebral palsy; and

42 h. It is, therefore, in the public interest for the State to establish
43 a permanent aphasia task force to ensure that there are appropriate
44 informational resources and support systems available in the State
45 to assist persons with aphasia, and their families.

46

47 2. a. There is established, in the Department of Health, the
48 "Mike Adler Aphasia Task Force."

1 b. The task force shall consist of 13 members as follows:

2 (1) the Commissioners of Health and Human Services, who
3 shall serve ex officio;

4 (2) five representatives from the State's model aphasia support
5 and treatment programs, including one representative from the non-
6 profit Adler Aphasia Center; one representative from the Kean
7 University Institute for Adults Living with Communication
8 Disabilities; one representative from the private speech-language
9 pathology practice, Speaking of Aphasia; one representative from
10 the medically-based support group, JFK-Johnson Rehabilitation
11 Institute; and one representative from the private aphasia practice,
12 Lingraphica; and

13 (3) six public members to be appointed as follows: two public
14 members to be appointed by the Senate President, one of whom
15 shall be a person with aphasia, and one of whom shall be a
16 professional who provides caregiving services to persons with
17 aphasia; two public members to be appointed by the Speaker of the
18 General Assembly, one of whom shall be a person with aphasia, and
19 one of whom shall be a professional who provides speech-language
20 pathology services to persons with aphasia; and two public
21 members to be appointed by the Governor, one of whom shall be a
22 professional who provides caregiving services to persons with
23 aphasia, and one of whom shall be a professional who provides
24 speech-language pathology services to persons with aphasia.

25 c. The purpose of the task force shall be to: monitor the
26 prevalence of aphasia in New Jersey; assess the unmet needs of
27 persons with aphasia, and their families; identify, and facilitate the
28 establishment of, aphasia support groups and other support and
29 informational resources designed to assist in satisfying the unmet
30 needs of residents with aphasia, and their families; and provide
31 recommendations to the Governor and Legislature, in accordance
32 with the provisions of subsection i. of this section, for legislation or
33 other governmental action that would further facilitate the support
34 of persons with aphasia, and their families. In effectuating its
35 purposes under this act, the task force shall:

36 (1) establish, or encourage and facilitate the establishment of,
37 new aphasia support groups in senior centers, Federally Qualified
38 Health Centers, county offices for the disabled, county offices on
39 aging, and libraries throughout the State, with a focus on improving
40 access to aphasia support services in areas of the State that have
41 significant senior and minority populations;

42 (2) provide orientation programs for speech language
43 pathologists and caregivers who are interested in volunteering to
44 facilitate the operation of new aphasia support groups established
45 under paragraph (1) of this subsection;

46 (3) encourage all universities in the State with graduate-level
47 programs in speech-language pathology to offer aphasia support
48 groups to members of the public;

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4

- 1 (4) coordinate the operations of aphasia support groups in the
2 State, in order to facilitate the Statewide sharing of data and
3 resources, and the adoption of collaborative efforts designed to
4 provide support and treatment to persons with aphasia, and their
5 families;
- 6 (5) create various focus groups that engage persons with
7 aphasia, aphasia support group staff, and aphasia caregivers and
8 speech-language pathologists, for the purposes of assessing and
9 highlighting the region-by-region needs of persons with aphasia,
10 and their families;
- 11 (6) encourage hospitals in the State to distribute information
12 about aphasia, upon patient discharge, to patients who have had a
13 stroke or head injury, and provide hospitals with appropriate
14 pamphlets or other documentation, such as the informational
15 materials that are available from the National Aphasia Association
16 (NAA), the American Stroke Association (ASA), or the American
17 Speech-Language-Hearing Association (ASHA), for the purposes of
18 distribution to such patients;
- 19 (7) establish, at a publicly accessible location on the Internet
20 website of the Department of Health, a webpage dedicated to
21 aphasia, which shall include relevant information on aphasia, and
22 contact information for the available aphasia support groups in the
23 State;
- 24 (8) compile, and post on the aphasia webpage established under
25 paragraph (7) of this subsection, a registry of counselors and
26 psychologists in the State who are available to work with persons
27 with aphasia, and their families;
- 28 (9) explore, document, and list on the aphasia webpage
29 established under paragraph (7) of this subsection, any funding
30 sources that are available for post-acute services provided to
31 persons with aphasia in the chronic phase;
- 32 (10) create an aphasia-friendly newsletter, which shall be
33 designed to provide persons with aphasia, caregivers, and
34 professionals with updated information about new developments in
35 the treatment of aphasia, and which shall be posted on the aphasia
36 webpage established under paragraph (7) of this subsection, and
37 disseminated to appropriate support, treatment, and educational
38 groups, and to persons with aphasia, on a quarterly basis;
- 39 (11) coordinate with the State's county agencies on aging and
40 county agencies for the disabled; supply each county agency with
41 listings and descriptions of aphasia services and support groups
42 available in their area; and encourage each agency to provide
43 information about these services and support groups to their clients;
44 and
- 45 (12) enlist persons with aphasia in the chronic phase to instruct
46 first responders, medical personnel, vendors, and others in their
47 respective communities about the needs and abilities of persons

1 with aphasia, and the needs of their families and caregivers; and
2 provide appropriate assistance to these instructors.

3 d. The task force shall organize as soon as practicable after the
4 appointment of a majority of its members, and may meet and hold
5 hearings at such places and times as it shall designate.

6 e. The members of the task force shall serve without
7 compensation, but may be reimbursed for travel and other necessary
8 expenses incurred in the performance of their duties, within the
9 limits of funds appropriated or otherwise made available to the task
10 force for its purposes.

11 f. The Department of Health shall provide professional and
12 clerical staff to the task force as may be necessary for the task
13 force's purposes, and the task force shall also be entitled to call
14 upon the services of any State, county, or municipal department,
15 board, commission, or agency, as may be available to it for its
16 purposes.

17 g. In executing its duties under this act, the task force shall
18 consult with associations, organizations, and individuals who are
19 knowledgeable about the needs of persons with aphasia, and their
20 families.

21 h. The task force may solicit and receive grants and other funds
22 that are made available for the task force's purposes by any
23 governmental, public, private, not-for-profit, or for-profit agency,
24 including funds that are made available under any federal or State
25 law, regulation, or program.

26 i. Within 12 months after the task force's organizational
27 meeting, and at least biennially thereafter, the task force shall
28 submit a written report to the Governor, and, pursuant to section 2
29 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature. Each report
30 submitted pursuant to this subsection shall contain the task force's
31 findings on the prevalence of aphasia in the State, information as to
32 the status and success of existing aphasia support services in the
33 State, and any recommendations for legislative or other action that
34 may be necessary to address the unmet needs of persons with
35 aphasia and their families.

36

37 3. This act shall take effect immediately.

38

39

40

STATEMENT

41

42 This bill establishes, in the Department of Health (DOH), the
43 "Mike Adler Aphasia Task Force." The purpose of the task force
44 will be to: monitor the prevalence of aphasia in New Jersey; assess
45 the unmet needs of persons with aphasia, and their families;
46 identify, and facilitate the establishment of, aphasia support groups
47 and other support and informational resources designed to assist in
48 satisfying the unmet needs of residents with aphasia, and their

1 families; and provide recommendations to the Governor and
2 Legislature for legislation or other action that would further
3 facilitate the support of persons with aphasia, and their families.

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5 Commissioners of Health and Human Services, who will serve ex
6 officio; five members representing each of the State's five existing
7 model aphasia support and treatment programs; and six public
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9 appointed by the Senate President, one of whom is to be a person
10 with aphasia, and one of whom is to be a professional who provides
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16 the Governor, one of whom is to be a professional who provides
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6 Jersey.

ASSEMBLY HUMAN SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3083

STATE OF NEW JERSEY

DATED: FEBRUARY 13, 2017

The Assembly Human Services Committee reports favorably Assembly Bill No. 3083.

This bill establishes, in the Department of Health (DOH), the “Mike Adler Aphasia Task Force.” The purpose of the task force will be to: monitor the prevalence of aphasia in New Jersey; assess the unmet needs of persons with aphasia, and their families; identify, and facilitate the establishment of, aphasia support groups and other support and informational resources designed to assist in satisfying the unmet needs of residents with aphasia, and their families; and provide recommendations to the Governor and Legislature for legislation or other action that would further facilitate the support of persons with aphasia, and their families.

The task force will consist of 13 members, including the Commissioners of Health and Human Services, who will serve ex officio; five members representing each of the State’s five existing model aphasia support and treatment programs; and six public members to be appointed as follows: two public members to be appointed by the Senate President, one of whom is to be a person with aphasia, and one of whom is to be a professional who provides caregiving services to persons with aphasia; two public members to be appointed by the Speaker of the General Assembly, one of whom is to be a person with aphasia, and one of whom is to be a professional who provides speech-language pathology services to persons with aphasia; and two public members to be appointed by the Governor, one of whom is to be a professional who provides caregiving services to persons with aphasia, and one of whom is to be a professional who provides speech-language pathology services to persons with aphasia.

In effectuating its purposes under the bill’s provisions, the task force will be required to:

- establish, or encourage and facilitate the establishment of, new aphasia support groups in senior centers, Federally Qualified Health Centers, county offices for the disabled, county offices on aging, and libraries throughout the State, with a focus on improving access to aphasia support services in areas of the State that have significant senior and minority populations;

- provide orientation programs for speech language pathologists and caregivers who are interested in volunteering to facilitate the operation of new aphasia support groups;
- encourage all universities in the State with graduate-level programs in speech-language pathology to offer aphasia support groups to members of the public;
- coordinate the operations of aphasia support groups in the State, in order to facilitate the Statewide sharing of data and resources, and the adoption of collaborative aphasia support and treatment efforts;
- create various aphasia focus groups, involving interested parties, to assess and highlight the region-by-region needs of persons with aphasia, and their families;
- encourage hospitals in the State to distribute information about aphasia, upon patient discharge, to patients who have had a stroke or head injury, and provide hospitals with appropriate pamphlets or other documentation for the purposes of distribution;
- establish, at a publicly accessible location on the DOH website, a webpage dedicated to aphasia, which will include relevant information on aphasia, and contact information for the available aphasia support groups in the State;
- compile, and post on the aphasia webpage, a registry of counselors and psychologists in the State who are available to work with persons with aphasia, and their families;
- explore, document, and list on the aphasia webpage, any funding sources that are available for post-acute services provided to persons with aphasia in the chronic phase;
- create an aphasia-friendly newsletter, which will be designed to provide persons with aphasia, caregivers, and professionals with updated information about new developments in the treatment of aphasia, and which will be posted on the aphasia webpage, and disseminated to appropriate support, treatment, and educational groups, and to persons with aphasia, on a quarterly basis;
- coordinate with the State’s county agencies on aging and county agencies for the disabled; supply each county agency with listings and descriptions of aphasia services and support groups available in their area; and encourage each agency to provide information about these services and support groups to their clients; and
- enlist persons with aphasia in the chronic phase to instruct first responders, medical personnel, vendors, and others in their respective communities about the needs and abilities of persons with aphasia, and the needs of their families and caregivers; and provide appropriate assistance to these instructors.

In executing the above-listed duties, the task force will be required to consult with associations, organizations, and individuals

who are knowledgeable about the needs of persons with aphasia, and their families.

The bill will require the task force to organize as soon as practicable after the appointment of a majority of its members, and will authorize the task force to meet and hold hearings at such places and times as it may designate. The task force members will serve without compensation, but may be reimbursed for travel and other necessary expenses incurred in the performance of their duties, within the limits of funds appropriated or otherwise made available to the task force for its purposes. The DOH will be required to provide professional and clerical staff to the task force for its purposes, and the task force will be entitled to call upon the services of any other State, county, or municipal department, board, commission, or agency, as may be available for its purposes. Finally, the task force will be authorized to solicit and receive grants and other funds that are made available for its purposes by any governmental, public, private, not-for-profit, or for-profit agency.

The bill will require the task force, within 12 months after the task force's organizational meeting, and at least biennially thereafter, to submit a written report to the Governor and the Legislature containing its findings on aphasia, as well as its recommendations for legislative or other action that may be necessary to address the unmet needs of persons with aphasia, and their families.

The task force is to be named after Mike Adler, a businessman, philanthropist, and founder of the Adler Aphasia Center, who passed away in September 2015 at his home in Franklin Lakes, New Jersey.

As reported by the committee, Assembly Bill No. 3803 is identical to Senate Bill No. 2286 which was also reported by the committee on this date.

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Governor Christie Takes Action On Pending Legislation

Monday, May 1, 2017

Tags: [Addiction Taskforce](#)

Trenton, NJ - Governor Chris Christie signed into law today several bills to empower New Jersey's military members and veterans, including a bipartisan initiative to create the "Veterans Diversion Program."

The new law, S-307/A-4362 (Van Drew, Allen/Andrzejczak, Mazzeo, Land, Tucker, Benson, Bramnick), requires the New Jersey Department of Military and Veterans Affairs to collaborate with its federal counterpart and develop a statewide program providing appropriate case management and mental health services to eligible military service members who have committed nonviolent offenses. The department will publicize a directory of existing federal and State case management and mental health program locations, which will serve as points of entry to facilitate support and services.

"It is impossible to imagine the courage, sacrifices and experiences of the men and women who put their lives on the line to protect the American people and our freedom," Governor Christie said. "This critical legislation gives back by supporting New Jersey's military service members when they need it most and when their lives depend on it. This new program will strengthen families and communities, by empowering veterans with individualized, holistic care and steering them clear of the criminal justice system."

Other military and veterans' bills signed by Governor Christie today require the Department of Military and Veterans Affairs (DMAVA) to develop an informational website for Gold Star families; require DMAVA to notify local county veterans' affairs offices and State veterans service offices of the death of a New Jersey or other service member whose surviving beneficiary resides in the State in order to inform the beneficiaries of federal and state benefits and creates a designated Gold Star family member liaison for each county veterans' office; and, retains eligibility for New Jersey National Guard members or reserve components of the U.S. Armed Forces called to active federal military service who met maximum age requirements at the closing date of civil service examinations.

Governor Christie also took action on the following bills:

BILL SIGNINGS:

S-158/A-3631 (Madden, Cruz-Perez/Quijano, Schaer, Vainieri Huttler, Zwicker, Mukherji, Daniels) - Permits holding companies of eligible New Jersey emerging technology companies to receive investments under "New Jersey Angel Investor Tax Credit Act"

S-227/A-963 (Holzapfel, Allen/Wolfe, McGuckin, Dancer) - Requires DOT, NJTA, and SJTA to use only native vegetation for landscaping, land management, reforestation, or habitat restoration

S-518/A-4452 (Beck/Downey, Houghtaling, Benson, Mukherji, Vainieri Huttler) - Requires sanitation vehicles display flashing lights in certain circumstances and imposes conditions on drivers approaching sanitation vehicles displaying flashing lights; designated as "Michael Massey's Law"

S-724/A-3604 (Cruz-Perez, Allen/Eustace, Wolfe, Mukherji) - Establishes "Integrated Roadside Vegetation Management Program"

S-792/A-1271 (Sarlo/ Caride, Schaer, Pintor Marin) - Permits newly created regional school districts or enlarging regional school districts to determine apportionment methodology for their boards of education on basis other than population

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S-913/A-3404 (Codey, Vitale/Burzichelli, Coughlin, Schaer, Singleton) - Permits hospitals to establish system for making performance-based incentive payments to physicians

S-1059/A-4462 (Diegnan/Lagana, Vainieri Huttie, Mukherji) - Permits amusement games license to be issued to holder of alcoholic beverage special concessionaire permit at certain airports; allows licensees to offer electronic amusements under certain circumstances

S-1398/A-1447 (Weinberg, Gill/Lampitt, Spencer, Vainieri Huttie, McKeon, Mukherji, Holley, Caride, Downey) - Expands infertility coverage under certain health insurance plans

S-1404/A-4423 (Weinberg/Johnson, Benson, Mukherji, Handlin) - Requires governmental affairs agents to disclose on notice of representation form compensation amount received from State or local government entities; requires notice to be posted on Internet site of Election Law Enforcement Commission

S-1475/A-3304 (Ruiz, Vitale/Vainieri Huttie, Mukherji, Holley, Jimenez) - Establishes three-year Medicaid home visitation demonstration project

S-1634/A-3991 (Turner, Stack/Muoio, Wimberly, Johnson, Pintor Marin, Mukherji) - Requires housing authority to advertise when applications are being accepted for housing assistance waiting lists online

S-1761/A-4473 (Rice, Cunningham, Pou/Johnson, Wimberly, Pintor Marin) - Directs Community College Consortium for Workforce and Economic Development to promote basic skills training through organizations dedicated to the economic empowerment of specific segments of society, such as the African American Chamber of Commerce

S-1825/A-3432 (Sarlo, Cruz-Perez, Gordon/Greenwald, Lampitt, Benson, Caride, Chiaravalloti) - Establishes task force to study and make recommendations concerning mobility and support services needs of NJ adults with autism spectrum disorder

S-1856/A-3846 (Pou, Allen/Phoebus, Tucker, Space) - Provides for retained eligibility for members of NJ National Guard or reserve component of US Armed Forces called to active federal military service who met maximum age requirement at closing date of civil service examination

S-2286/A-3083 (Weinberg, Gordon/Vainieri Huttie, Eustace, Johnson) - Establishes Mike Adler Aphasia Task Force to assess needs of persons with aphasia, and their families, and ensure adequate provision of support services and information thereto

S-2414/A-4056 (Scutari/Jimenez, Eustace, Giblin, McKnight) - Requires "Massage and Bodywork Therapist Licensing Act" to require certain class study and examination requirements

S-2856/A-4402 (Beach, Madden/Greenwald, Andrzejczak, Johnson, Rible, Jones, Land, Houghtaling, Benson) - Requires DMVA to notify county veterans' affairs office of death of certain military service members; requires office to have Gold Star liaisons

S-2857/A-4403 (Beach, Madden/Greenwald, Rible, Land, Johnson, Mazzeo, Andrzejczak, Houghtaling, Benson) - Requires Adjutant General to create informational webpage for Gold Star families

S-2868/A-4501 (Pou, Sarlo/Sumter, Wimberly) - Increases value of Economic Redevelopment and Growth Grant program residential tax credits to \$823 million; restricts \$105 million of tax credits to qualified residential projects and mixed use parking projects

S-3015/A-4623 (Rice, Ruiz/Sumter, Oliver, Schaer, Pintor Marin) - Requires study of program allowing community service in lieu of paying motor vehicle surcharges

SJR-49/AJR-106 (Ruiz, Oroho/Phoebus, Pintor Marin, Space, McKnight, Schepisi) - Designates third week in September of each year as Go Gold for Kids with Cancer Awareness Week"

SJR-75/AJR- 122 (Rice, Codey/Oliver, Giblin, Chiaravalloti, Sumter, Quijano, McKnight) - Establishes "Disparity in State Procurement Study Commission"

BILLS VETOED:

S-596/A-3422 (Cunningham, Greenstein, Sweeney/Benson, Mukherji, Muoio, Holley, Sumter, Downey, Lampitt, Oliver, Danielsen, Wimberly) - **CONDITIONAL** - Establishes compensation program for law enforcement officers and certain other employees injured while performing official duties

S-690/A-2921 (Gordon, Beach, Eustace, Houghtaling, Pinkin, Mazzeo) - **CONDITIONAL** - Increases flexibility, clarity, and available tools of optional municipal consolidation process

SCS for S-895/ACS for A-2182 (Lesniak, Beck, Cunningham/Sumter, Holley, Oliver, Jones, Wimberly) - **CONDITIONAL** - "Earn Your Way Out Act"; requires DOC to develop inmate reentry plan; establishes administrative parole release for certain inmates; requires study and report by DOC on fiscal impact

S-956/A-2202 (Gordon, Bateman/Eustace, Zwicker, O'Scanlon, Downey, Wisniewski, Pinkin) - **CONDITIONAL** - Authorizes special emergency appropriations for the payment of certain expenses incurred by municipalities to implement a municipal consolidation

S-2844/A-4425 (Vitale, Codey/Vainieri Huttie, Muoio, Eustace, Space, Benson) - **CONDITIONAL** - Eliminates certificate of need requirement for inpatient hospital beds for treatment of psychiatric and substance use disorder dual

diagnosis

**S-3041/ACS for A-2338 (Lesniak/Benson, Vainieri Huttle, Eustace, Gusciora, Mukherji, Jimenez) -
CONDITIONAL** - Revises "Pet Purchase Protection Act" to establish new requirements for pet dealers and pet shops

**S-3048/A-4520 (Weinberg, Turner, Greenstein/McKeon, Singleton, Moriarty, Quijano, Johnson, Benson) -
CONDITIONAL** - Requires candidates for President and Vice-President of United States to disclose federal income tax returns to appear on ballot; prohibits Electoral College electors from voting for candidates who fail to file income tax returns

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