CHAPTER 55

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

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

C.26:2ZZ-1 Findings, declarations relative to aphasia.

1. The Legislature finds and declares that:

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

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

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

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

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

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

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

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

C.26:2ZZ-2 "Mike Adler Aphasia Task Force."

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

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

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

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

(3) six public members to be appointed as follows: two public members to be appointed by the Senate President, one of whom shall be a person with aphasia, and one of whom shall

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 shall be a person with aphasia, and one of whom shall 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 shall be a professional who provides caregiving services to persons with aphasia, and one of whom shall be a professional who provides speech-language pathology services to persons with aphasia.

c. The purpose of the task force shall 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, in accordance with the provisions of subsection i. of this section, for legislation or other governmental action that would further facilitate the support of persons with aphasia, and their families. In effectuating its purposes under this act, the task force shall:

(1) 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;

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

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

(4) 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 efforts designed to provide support and treatment to persons with aphasia, and their families;

(5) create various focus groups that engage persons with aphasia, aphasia support group staff, and aphasia caregivers and speech-language pathologists, for the purposes of assessing and highlighting the region-by-region needs of persons with aphasia, and their families;

(6) 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, such as the informational materials that are available from the National Aphasia Association (NAA), the American Stroke Association (ASA), or the American Speech-Language-Hearing Association (ASHA), for the purposes of distribution to such patients;

(7) establish, at a publicly accessible location on the Internet website of the Department of Health, a webpage dedicated to aphasia, which shall include relevant information on aphasia, and contact information for the available aphasia support groups in the State;

(8) compile, and post on the aphasia webpage established under paragraph (7) of this subsection, a registry of counselors and psychologists in the State who are available to work with persons with aphasia, and their families;

(9) explore, document, and list on the aphasia webpage established under paragraph (7) of this subsection, any funding sources that are available for post-acute services provided to persons with aphasia in the chronic phase;

(10) create an aphasia-friendly newsletter, which shall be designed to provide persons with aphasia, caregivers, and professionals with updated information about new

developments in the treatment of aphasia, and which shall be posted on the aphasia webpage established under paragraph (7) of this subsection, and disseminated to appropriate support, treatment, and educational groups, and to persons with aphasia, on a quarterly basis;

(11) 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

(12) 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.

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

e. The members of the task force shall 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.

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

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

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

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

3. This act shall take effect immediately.

Approved May 1, 2017.