

SENATE, No. 363

STATE OF NEW JERSEY 214th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2010 SESSION

Sponsored by:

Senator LORETTA WEINBERG

District 37 (Bergen)

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SYNOPSIS

Establishes Task Force on Hospital Technology to recommend incentives to encourage hospitals to integrate technology to improve patient care and safety.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel



1 AN ACT establishing a task force to recommend incentives to
2 integrate technology into hospitals to improve patient care.

3

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

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7 1. The Legislature finds and declares that:

8 a. As many as 44,000 to 98,000 people die in hospitals each year
9 as a result of medical errors, making medical errors the eighth
10 leading cause of death in this country;

11 b. The Institute of Medicine maintains that technologies such as
12 electronic health records and bed-side bar code systems can help to
13 prevent many of these mistakes;

14 c. Despite the potential benefits of error-reducing technologies
15 which ensure patient safety, fragmentation in the health care system
16 coupled with a lack of financial support have hindered their
17 widespread adoption; and

18 d. There is, therefore, a need to review and recommend
19 incentives to the Governor and Legislature to encourage hospitals to
20 integrate technology to improve patient care and safety.

21

22 2. a. There is established the Task Force on Hospital Technology
23 in the Department of Health and Senior Services. The purpose of
24 the task force shall be to recommend incentives to the Governor and
25 Legislature to encourage hospitals to integrate technology to
26 improve patient care and safety.

27 b. The task force shall consist of 15 members as follows:

28 (1) the Commissioner of Health and Senior Services or his
29 designee, who shall serve ex officio; and

30 (2) 14 public members, to be appointed by the Governor, who
31 shall include a representative of: Health Professionals and Allied
32 Employees; the Hospital Alliance of New Jersey; the Medical
33 Society of New Jersey; the New Jersey Association of Health Plans;
34 the New Jersey Business and Industry Association; the New Jersey
35 Council of Teaching Hospitals; the New Jersey Health Care Quality
36 Institute; the New Jersey Hospital Association; the New Jersey
37 Society of Health-System Pharmacists; the New Jersey State Nurses
38 Association; the Rutgers Center for State Health Policy; and three
39 members of the public who have demonstrated expertise in issues
40 relating to the work of the task force.

41 c. Vacancies in the membership of the task force shall be filled
42 in the same manner provided for the original appointments. The
43 public members of the task force shall serve without compensation
44 but may be reimbursed for traveling and other miscellaneous
45 expenses necessary to perform their duties, within the limits of
46 funds made available to the task force for its purposes.

47 d. The task force shall organize as soon as practicable, but no
48 later than the 60th day after the appointment of its members, and

1 shall select a chairperson and vice-chairperson from among the
2 members. The chairperson shall appoint a secretary who need not
3 be a member of the task force.

4 e. The task force may meet at the call of its chair and hold
5 hearings at the times and in the places it may deem appropriate and
6 necessary to fulfill its charge. The task force shall be entitled to
7 call to its assistance, and avail itself of the services of, the
8 employees of any State, county or municipal department, board,
9 bureau, commission or agency as it may require and as may be
10 available for its purposes.

11 f. The Department of Health and Senior Services shall provide
12 staff services to the task force.

13

14 3. The task force shall identify error-reducing technologies it
15 deems are most effective for ensuring patient safety in hospitals,
16 and review, at a minimum, the following: obstacles hospitals
17 encounter in seeking to adopt error-reducing technologies; financial
18 and non-financial incentives which may encourage hospitals to
19 integrate error-reducing technology in their patient care systems;
20 the establishment of pilot projects to promote the use of error-
21 reducing technology; and specific incentives offered to hospitals by
22 other states to adopt error-reducing technology, and their results.

23

24 4. The task force shall report its findings and recommendations
25 to the Governor and, pursuant to section 2 of P.L.1991, c.164
26 (C.52:14-19.1), to the Legislature, along with any legislative bills
27 that it desires to recommend for adoption by the Legislature, no
28 later than 12 months after the date of its initial meeting.

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30 5. This act shall take effect immediately and shall expire upon
31 the issuance of the task force report.

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STATEMENT

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36 This bill establishes a 15-member Task Force on Hospital
37 Technology in the Department of Health and Senior Services. The
38 purpose of the task force is to recommend incentives to the
39 Governor and Legislature to encourage hospitals to integrate
40 technology to improve patient care and safety.

41 The task force shall identify error-reducing technologies it deems
42 most effective for ensuring patient safety in hospitals, and review
43 the following: obstacles hospitals encounter in seeking to adopt
44 error-reducing technologies; financial and non-financial incentives
45 which may encourage hospitals to integrate error-reducing
46 technology in their patient care systems; the establishment of pilot
47 projects to promote the use of error-reducing technology; and
48 specific incentives offered to hospitals by other states to adopt

1 error-reducing technology, and their results.

2 The task force shall include the following members:

- 3 • the Commissioner of Health and Senior Services or his
4 designee, who shall serve ex officio; and
- 5 • 14 public members, to be appointed by the Governor, to
6 include a representative of: Health Professionals and Allied
7 Employees; the Hospital Alliance of New Jersey; the
8 Medical Society of New Jersey; the New Jersey Association
9 of Health Plans; the New Jersey Business and Industry
10 Association; the New Jersey Council of Teaching Hospitals;
11 the New Jersey Health Care Quality Institute; the New
12 Jersey Hospital Association; the New Jersey Society of
13 Health-System Pharmacists; the New Jersey State Nurses
14 Association; the Rutgers Center for State Health Policy; and
15 three members of the public who have demonstrated
16 expertise in issues relating to the work of the task force.

17 The task force shall organize no later than the 60th day after the
18 appointment of its members and select a chairperson and vice
19 chairperson from among its members. The Department of Health
20 and Senior Services shall provide staff services to the task force.

21 The task force shall present a report of its findings to the
22 Governor and Legislature no later than 12 months after the date of
23 its initial meeting.

24 The bill takes effect immediately and expires upon the issuance
25 of the task force report.