



Ensuring Consistent Private Duty Nursing (PDN) Coverage - Protecting Student Health, Safety, and Access to Education

A Student's Story

Eight-year-old "Lucas" loves going to school. His teachers describe him as curious and determined, and each day he works hard to build communication skills and independence. But Lucas cannot safely attend school without the support of a Private Duty Nurse.

Lucas requires continuous skilled medical care during the school day, including seizure monitoring, airway suctioning, and complex medication administration. With the support of a nurse, he can safely ride the bus, participate in classroom activities, and access the therapies that allow him to learn and make progress.

But when a nurse cannot be secured, Lucas must stay home.

Last year, Lucas missed multiple weeks of school, not because he was too sick to learn, but because the system could not provide the nurse he needed to attend safely.

Lucas is one of many medically fragile students across New Jersey whose ability to attend school depends entirely on whether a nurse is available that day.

When the system cannot provide the nursing care these students require to attend school, their access to education disappears.

Executive Summary

Across New Jersey, medically fragile students are missing school, not because they are too sick to learn, but because the nurse required to safely support them is unavailable.

For many students with complex medical needs, the presence of a Private Duty Nurse (PDN) is the determining factor in whether they can attend school at all. When nursing coverage cannot be secured, students must remain home, missing the educational and therapeutic services they are legally entitled to receive. The students' families are also significantly impacted; parents are not able to work if their children are unable to attend school.

The New Jersey Association of Special Education Partner Schools (NJASEPS) represents Approved Private Schools for Students with Disabilities (APSSDs), which serve more than

10,000 infants, children, and young adults with complex disabilities whose needs cannot be met in their local public school districts.

For these students, Private Duty Nursing is not a support service. It is a prerequisite for school attendance.

When nursing coverage is unavailable:

- Students cannot safely attend school
- Instruction and therapies are interrupted
- Families face unsafe care gaps

As a result, students are missing weeks, and sometimes months, of school due solely to the lack of nursing coverage.

For example:

- In one APSSD, medically fragile students missed more than 10% of the first 100 school days last year due solely to shortages in Private Duty Nursing coverage
- Administrators across NJASEPS member schools report daily instability in nursing coverage, affecting medically fragile students statewide.

These absences are not caused by illness or truancy. They occur because the medical support required for safe school attendance is unavailable.

Without consistent PDN coverage, students lose access to the Free Appropriate Public Education (FAPE) guaranteed under federal law.

At the same time, families struggling to manage complex medical care without adequate support face increasing risk of preventable hospitalizations or institutional placement, outcomes that are both traumatic for families and significantly more costly for the state.

Key Workforce Challenges

Several structural barriers contribute to the shortage of Private Duty Nurses:

- Reimbursement rates that do not reflect current labor market conditions
- Lack of reimbursement differentiation based on student medical acuity
- Difficulty recruiting and retaining nurses
- Burnout caused by inconsistent scheduling and staffing shortages

Current reimbursement structures pay the same rate regardless of whether a student requires straightforward interventions or complex medical care such as ventilator management, seizure monitoring, or intensive medication administration. This discourages nurses from accepting medically complex assignments.

The Age-21 Transition Cliff

New Jersey's 16-hour daily cap on Private Duty Nursing (PDN) services beginning at age 21 creates a dangerous transition cliff for medically fragile young adults. Prior to age 21, medically fragile individuals may receive more flexible coverage when medically necessary.

Medical needs do not change simply because someone reaches a specific birthday. Yet this policy abruptly reduces access to skilled nursing care, forcing families to fill complex medical gaps.

This can result in:

- Unsafe care conditions at home
- Increased medical instability
- Higher risk of hospitalization or institutional placement

PDN policy should reflect medical necessity, not arbitrary age thresholds.

Policy Actions to Consider

To protect student health, ensure educational access, and stabilize the PDN workforce, policymakers should consider:

- Reforming reimbursement rates to reflect student medical acuity and complexity
- Providing targeted incentives to recruit and retain PDNs serving high-acuity students
- Allowing flexibility in PDN hour caps when medically justified
- Establishing statewide reporting of school absences attributable to PDN shortages
- Directing a task force or formal state review of PDN reimbursement and workforce capacity
- Including PDN workforce stabilization or rate review language in the state budget

Conclusion

Consistent Private Duty Nursing coverage is essential to ensuring that medically fragile students can safely attend school.

When PDN coverage fails:

- Students lose access to education
- Families face unsafe care gaps
- Preventable health crises and institutional placements become more likely

Strengthening PDN policy will help ensure that New Jersey's most medically vulnerable students have safe access to education, stability in care, and the opportunity to learn alongside their peers.