

Date of Hearing: April 14, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
AB 2135 (Kalra) – As Amended April 6, 2026

SUBJECT: Long-term health care facilities.

SUMMARY: Requires long-term health care (LTC) facilities to provide residents with a notice of transfer or discharge at least 30 days before a resident is transferred or discharged, unless an exception applies. Requires the notice of transfer or discharge to be signed by the resident or the resident's representative and by a facility staff member who declares they delivered the notice to the resident or the resident's representative. Makes a violation of these provisions a class "B" violation and knowingly making a false verification regarding the delivery of a notice of transfer or discharge a willful violation. Requires notices to be provided to a resident or their representative in a translated or accessible format, and to be sent to the LTC Ombudsman. Requires the Department of Public Health (DPH) to prohibit the admission of new residents to a LTC facility upon notification by the Department of Health Care Services (DHCS), as specified. Specifically, **this bill:**

- 1) Requires, consistent with federal regulations, a notice of resident transfer or discharge to be made by the facility at least 30 days before a resident is transferred or discharged, except as provided in 2) below.
- 2) Requires a notice of transfer or discharge to be made by the facility at least 14 days before a resident is transferred or discharged in any of the following circumstances:
 - a) The health or safety of individuals in the facility would be endangered;
 - b) The residents' health has improved sufficiently to allow a more immediate transfer or discharge; or,
 - c) The resident has not resided in the facility for 30 days.
- 3) Requires the notice of transfer or discharge to be signed by the resident or the resident's representative, and also be signed by a facility staff member who declares they delivered the notice to the resident or the resident's representative. Requires, if the signature of the resident or resident's representative cannot be obtained, a facility staff member to sign the notice and verify that they delivered the notice to the resident or the resident's representative and state the name of the person they delivered the notice to and the date on which the notice was delivered. Requires copies of the signed notice to be given to the resident and their representative.
- 4) Makes a facility's failure to comply with this bill constitute a class "B" violation, as described in 2) of existing law, below.
- 5) Makes knowingly making a false verification regarding the delivery of a notice of transfer or discharge a willful violation subject to 3) of existing law below.

- 6) Requires, consistent with federal regulations, a notice required by this bill to meet the following requirements:
 - a) If the primary language of the resident is not English, the facility to provide a written translation of the notice in the resident's primary language. Requires the translated notice to be provided to the resident or the resident's representative, if applicable, at the same time as the written notice in English. Requires the facility or the individual or entity providing the translation to attest to the accuracy of the written translation in the translated document; and,
 - b) If the resident is vision impaired or blind, the facility to provide the written notice in large print or braille upon the residents' request. Requires the accessible-format notice to be provided to the resident or the resident's representative, if applicable, at the same time as the written notice. Requires the facility or the individual or entity providing the transcript or format conversion to attest to the accuracy of the content in the accessible-format document. Requires braille transcriptions provided pursuant to this bill to include the complete and unabridged text of the original written notice, including all required attachments, rights statements, and appeal information. Requires electronic braille transcription files to be used where applicable.
- 7) Requires the resident's primary language and sensory impairments to be included in the minimum data set (MDS) maintained by the facility pursuant to existing state and federal law which require data for preadmission screening, annual resident reviews, and Medi-Cal treatment authorization requests.
- 8) Requires failure to provide a translated or accessible-format copy to the resident or the resident's representative or to the local long-term care ombudsman upon request pursuant to this bill constitute an automatic class "B" violation subject to a one-thousand-dollar (\$1,000) civil penalty.
- 9) States that the provisions of this bill are intended to be consistent with federal law and regulations and not be construed to limit any greater protections provided to residents under state or federal law. States these provisions do not limit the ability of a local long-term care ombudsman to request or receive documents necessary to investigate or advocate regarding a resident's transfer or discharge.
- 10) Increases existing fines when a LTC facility has been found to have improperly transferred, discharged, or refused to readmit a resident from \$75,000 to \$100,000 for each calendar day the LTC facility fails to comply with a hearing decision, pursuant to 3) below of existing law.
- 11) Requires, DHCS, if a LTC facility fails to timely comply with a hearing decision that finds a facility in violation of this bill, to promptly notify DPH, which is required to prohibit new resident admissions to the facility until DHCS notifies DPH of any of the following:
 - a) The facility has achieved compliance;
 - b) The maximum aggregate amount of penalties under existing law have been collected; or,
 - c) The facility has formally sought judicial review of the hearing decision.

EXISTING LAW:

- 1) Licenses and regulates skilled nursing facilities (SNFs) and intermediate care facilities (ICFs) by DPH. SNFs are defined as health facilities that provide skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis, and ICFs are defined as health facilities that provide inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require the availability of continuous skilled nursing care. [Health and Safety Code (HSC) § 1250 (c) and (d)]
- 2) Establishes a civil penalty structure for LTC facilities, categorized into “AA,” “A,” and “B” violations: “A” violations are where DPH determines that the violation presents either imminent danger of death or serious harm, or a substantial probability that death or serious harm to residents would result; “AA” violations (the most severe) are those that meet the criteria for a class “A” violation that DPH determines have been a substantial factor in the death of a resident of an LTC facility; and, “B” violations are those that DPH determines have a direct or immediate relationship to the health, safety, or security of LTC facility residents. [HSC § 1424]
- 3) Makes any person who willfully or repeatedly violates provisions of law relating to the operation or maintenance of a LTC facility guilty of a misdemeanor and upon conviction thereof to be punished by a fine not to exceed two thousand five hundred dollars (\$2,500) or by imprisonment in the county jail for a period not to exceed 180 days, or by both. Requires, in determining the punishment to be imposed upon a conviction under this provision, the court to consider all relevant facts, including, but not limited to, the following:
 - a) Whether the violation exposed the patient to the risk of death or serious physical harm;
 - b) Whether the violation had a direct or immediate relationship to the health, safety, or security of the patient;
 - c) Evidence, if any, of willfulness;
 - d) The number of repeated violations; and,
 - e) The presence or absence of good faith efforts by the defendant to prevent the violation. [HSC § 1290]
- 4) Defines, for the purposes of 3) above, “willfully” or “willful” to mean the person doing an act or omitting to do an act intends the act or omitting to do an act intends the act or omission, and knows the relevant circumstances connected therewith. [*Ibid.*]
- 5) Requires DHCS develop, collect, and maintain, in an electronic format, all data elements in the MDS specified by the federal government. Requires the database to incorporate the data required for preadmission screening and annual resident reviews, and Medi-Cal treatment authorization requests. Requires DHCS to make the format of this new database available to the public. [Welfare and Institutions Code (WIC) § 14110.15]
- 6) Requires all SNFs and nursing facilities required by federal law to complete the MDS form and provide the data to DHCS in a manner and form prescribed by the director. Requires

DHCS to design MDS data base in a manner that maintains resident confidentiality and that allows the use of the data by other authorized state agencies, including, but not limited to, the Office of Statewide Health Planning and Development. States that this provision not be construed to prohibit DHCS or any other state agency from requiring additional information that is not available from the MDS database in order to meet other data needs. [*Ibid.*]

FEDERAL REGULATIONS

- 1) Requires, in federal regulation, before a LTC facility transfers or discharges a resident, the facility to:
 - a) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. Requires the facility to send a copy of the notice to a representative of the Office of the State LTC Ombudsman;
 - b) Record the reasons for the transfer or discharge in the resident's medical record; and,
 - c) Include in the notice the following:
 - i) The reason for transfer or discharge;
 - ii) The location to which the resident is transferred or discharged;
 - iii) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
 - iv) The name, address (mailing and email) and telephone number of the Office of the State LTC Ombudsman;
 - v) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000. (Pub. L. 106-402, codified at 42 U.S.C. 15001, *et seq.*); and,
 - vi) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. [Section 483.15 of Title 42 of the Code of Federal Regulations (CFR)]
- 2) Requires the notice of transfer or discharge required under 1) above, to be made by the facility at least 30 days before the resident is transferred or discharged. [*Ibid.*]
- 3) Requires when the facility transfers or discharges a resident, the facility to ensure that the transfer or discharge is documented in the resident's medical record and appropriate

information is communicated to the receiving health care institution or provider. Requires the documentation in the resident's medical record to include:

- a) The basis for the transfer;
- b) The specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s); and,
- c) Requires the documentation required to be made by the resident's physician when transfer or discharge is necessary. [*Ibid.*]

FISCAL EFFECT: Unknown. This bill has not been analyzed by a fiscal committee.

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** According to the author, like canaries in coal mines, LTC Ombudsmen and other resident advocates have long warned about evictions as one of the most common, urgent, and threatening issues that residents of nursing homes frequently encounter. The author states that this bill strengthens protections for nursing home residents facing eviction by requiring clear, timely, and verifiable discharge notices in a language and format residents understand. The author concludes this bill addresses gaps that allow facilities to issue inadequate notice, avoid oversight, and prioritize profit over care, while improving enforcement to ensure wrongfully discharged residents are readmitted.
- 2) **BACKGROUND.** According to the California Department of Aging Office of the State Long-Term Care Ombudsman 2025 National Ombudsman Reporting System, since 2018, California nursing homes have received more than 2,500 federal deficiencies related to improper discharge practices. In federal fiscal year 2025, California's Long-Term Care Ombudsman Program received 1,518 complaints related to nursing home discharges and evictions.
 - a) **Minimum Data Set (MDS).** According to the Centers for Medicare and Medicaid Services (CMS) MDS is part of the federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes. This process provides a comprehensive assessment of each resident's functional capabilities and helps nursing home staff identify health problems. Care Area Assessments (CAAs) are part of this process, and provide the foundation upon which a resident's individual care plan is formulated. MDS assessments are completed for all residents in certified nursing homes, regardless of source of payment for the individual resident. MDS assessments are required for residents on admission to the nursing facility, periodically, and on discharge. All assessments are completed within specific guidelines and time frames. In most cases, participants in the assessment process are licensed health care professionals employed by the nursing home. MDS information is transmitted electronically by SNFs to the national MDS database at CMS.
 - b) **SNF Residents in need of accommodations.** According to the CMS MDS data from Q4 2025 shows in California, 16% of SNF residents request an interpreter/translator. Additionally, 22% of residents are vision-impaired, and 33% require corrective lenses, which would require their discharge notices to be in an accessible format such as large

print or braille. Lastly, 56% of residents report they occasionally or routinely needed help reading/understanding written materials from their doctors.

c) How do they know they are being told to go? Federal regulations require nursing home discharge notices to be provided to residents “in writing and in a language and manner they understand” (42 CFR § 483.15(c)(3)(i)). LTC facilities are also required to transmit copies of facility-initiated discharge notices to their local Ombudsman programs. However, facilities are not explicitly required to provide Ombudsmen with copies of the written translations or transcriptions to document they were provided to the residents. Ombudsman across the state report that facilities are often translating these notices orally rather than in writing, in which case there is no documentation the required information was ultimately communicated to the residents. According to the sponsors of this bill, there are Ombudsmen in California who have served in their roles for decades who have never seen an example of a discharge notice provided in another language or accessible format despite these long-standing federal requirements.

d) All Facilities Letter 25-17. On May 28, 2025, DPH sent an All Facilities Letter (AFL) to remind SNFs of the transfer and discharge notice requirements, as specified in Title 42 CFR section 483.15(c). The AFL notes that transfer and discharge notices must be in writing and in a language and manner the resident and resident representative(s) understand and that noncompliance with transfer and discharge requirements will be cited as a deficiency and may result in a citation and/or civil action. This bill seeks to strengthen due process protections by requiring clearer and more accessible discharge notices and by improving enforcement when LTC facilities fail to comply with readmission requirements.

3) SUPPORT. California Advocates for Nursing Home Reform (CANHR) are a co-sponsor of this bill and state that this bill ensures vulnerable older and disabled adults have strong protections in the event they face eviction from their nursing facility. CANHR notes that in California, there are approximately 1,166 nursing homes, 108,000 beds, with occupancy rates at 88.5%. Nursing home residents who fill these beds often have high medical needs and rely on care from their facility to receive rehabilitation, get assistance with activities of daily living, or sustain their life. For many, nursing homes are their permanent place of residence because they are unable to live independently. However, CANHR also notes the nursing home industry is a for-profit business and often acts as such. Illegal evictions are one of the most common rights violations that nursing home residents face. From 2018 to 2024, California nursing homes were cited 2,539 times for deficient discharge practices. CANHR contends that the most common reason for eviction is Medi-Cal discrimination. Almost every nursing home resident is admitted after a hospital stay and typically has about ten to twenty days of rehabilitative services covered by Medicare, which pays a generous rate compared to other payment sources. If a person needs to stay in a nursing home for care after their Medicare coverage ends, they have to switch to a less lucrative payment source, such as Medi-Cal. CANHR argues that this change in payment status creates enormous financial incentives for facilities to evict residents who have exhausted their Medicare benefit and replace them with new residents who have fresh Medicare coverage, independent of their care needs. CANHR states that nursing homes are generally required to provide the resident and, if applicable, their representative, a 30-day written discharge notice. However, certain exceptions in the federal regulations allow facilities to provide notice “as soon as practicable.” One of the exceptions is if the resident has resided in the facility for less than 30

days. Since Medicare coverage becomes partial at day 20, nursing homes take advantage of the undefined phrase “as soon as practicable” to discharge residents within one to two days. CANHR complains that often, no written discharge notice is given at all.

The California LTC Ombudsman Association (CLTCOA) is a co-sponsor of this bill and states that unsafe and unnecessary transfers can have serious consequences for residents’ health and well-being. Research shows that involuntary nursing home transfers can lead to “transfer trauma,” also known as Relocation Stress Syndrome, as sudden relocation often causes severe stress, anxiety, and confusion. For residents living with dementia or complex medical conditions, abrupt relocation can result in significant psychological distress, cognitive decline, depression, and other adverse health outcomes, including increased mortality risk. CLTCOA notes that these risks make timely, clear, and accessible transfer-discharge notices essential so that residents can understand and exercise their rights. However, Ombudsman programs regularly encounter residents who receive notices they cannot read or understand. CLTCOA concludes that by establishing clearer, timelier, and accessible notice requirements, as well as strengthening state enforcement of readmission orders, this provides critical safeguards to ensure nursing home residents are not unlawfully or abruptly forced from the place they’ve come to call home.

- 4) OPPOSE UNLESS AMENDED.** The California Association of Health Facilities (CAHF), LeadingAge California, and the California Hospital Association (CHA) are opposed to this bill unless it is amended. The opponents note that federal and state law include important protections for residents of LTC facilities, including written notice requirements for facility-initiated transfers or discharge. Existing law also requires that the information be communicated to residents in a manner that they can understand and that copies of these notices be sent to the local LTC ombudsman. Opponents state this bill would require a facility to retain and make a signed translated or accessible written version of the discharge notice available to the local ombudsman.

The opponents argue that they support residents being informed about transfer and discharge actions in a manner that they can understand. But note that in practice, facilities will use live or telephone language translators and verbal explanation to explain the discharge process and the resident’s rights to residents who require additional assistance, in addition to providing the written notice by e-mail to the resident and their representative. When a resident receives a notice of discharge it is noted in the resident’s medical record. It has also become more common for residents to view the discharge notice on a tablet or through other electronic means and electronically acknowledge that they have received the notice.

The opponents point to existing law which already provides a resident with right to appeal a notice of discharge and specifies that a resident may not be discharged from the facility pending resolution of the appeal, unless they pose a danger to themselves or other residents. Opponents explain that they support maintaining the flexibility of “as soon as practicable” exceptions and oppose defining the prescriptive definition of a minimum length of time. The opponents contend that this flexibility is intentional to reflect the variation in appropriate notice times between, for example, when a resident’s health has improved and they are fit to return home versus when a resident poses an immediate threat to other residents and requires immediate transfer to a more appropriate care setting. They suggest amendments to align the notice periods with federal law or to clarify that the 14-day minimum notice period would not apply under specified situations such as when a resident poses a risk to other residents.

5) PREVIOUS LEGISLATION.

- a) AB 486 (Kalra) of 2023 would have repealed the process whereby LTC facilities can appeal more severe types of citations by filing a civil action in the superior court, and instead subjected those appeals to hearings by an administrative law judge that are currently used for lower level citations. AB 486 was not heard in the Senate Judiciary Committee.
- b) AB 323 (Kara) Chapter 458, Statutes of 2021 revises the criteria under which DPH issues civil penalties against LTC facilities that were found to have caused the death of a resident, so that instead of having to prove the death of a resident was the “direct proximate cause” of a violation by the facility, DPH would have to prove that the violation was a “substantial factor” in the death of a resident, and defines substantial factor as more than a remote or trivial factor but is not required to be the only cause of harm. Additionally, increases the amount of civil penalties assessed against LTC facilities.

6) AMENDMENTS. In order to address some of the concerns raised by stakeholders, the author and committee have agreed to the following amendments:

- a) Authorize, rather than require DPH prohibit new admissions to LTC facilities in violation of the bill;
- b) Delete the cross references to federal regulations;
- c) Clarify that the provisions of the bill only apply to facility-initiated transfers; and,
- d) Clarify that the bill does not require a resident deemed a danger to themselves or others to remain physically in the facility during a 14-day notice period.

REGISTERED SUPPORT / OPPOSITION:**Support**

California Advocates for Nursing Home Reform (cosponsor)
 California Long-Term Care Ombudsman Association (cosponsor)
 California Council of the Blind (cosponsor)
 Disability Rights Education & Defense Fund (cosponsor)
 AARP
 Alzheimer's Association
 Ars Moriendi Project
 California Coalition on Family Caregiving
 California Health Advocates
 California Retired Teachers Association
 Choice in Aging
 Consumer Attorneys of California
 Disability Action Center
 Disability Rights California
 El Dorado County Long-term Care Ombudsman Program
 Empowered Aging

Justice in Aging
Kern County Long-term Care Ombudsman Program
Long Term Care Services of Ventura Co, Ombudsman
Long-term Care Ombudsman Program
Office of the State Long-term Care Ombudsman
Placer Independent Resource Services
San Francisco Long Term Care Ombudsman Felton Institute
Senior Advocacy Services
Several individuals

Opposition

None one file

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