

ASSEMBLY THIRD READING

AB 2135 (Kalra)

As Amended April 16, 2026

Majority vote

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. Requires, if the language of the resident is not English, the facility to provide a written translation of the notice in the resident's primary language. Requires, if the resident is vision impaired or blind, the facility to provide the written notice in large print or braille upon the residents' request. 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 sent to the LTC Ombudsman by facsimile, email, or other electronic means. Authorizes the Department of Public Health (DPH) to prohibit the admission of new residents to a LTC-health facility if a facility has failed to timely comply with a hearing decision related to a violation of this bill.

COMMENTS

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.

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 skilled nursing facilities (SNFs) to the national MDS database at CMS.

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.

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” (Title 42, Code of Federal Regulations (CFR) Section 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. Ombudsmen 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.

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.

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.

Arguments in 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.

Arguments in Opposition

The California Association of Health Facilities (CAHF), LeadingAge California, and the California Hospital Association (CHA) oppose this bill unless amended. The organizations recognize the author's and sponsors' intent to strengthen protections for residents of nursing homes, they contend is inconsistent with federal law, increases administrative complexity that diverts resources away from direct patient care, disrupts access to care for patients who need to be discharged to skilled nursing facilities and eliminates critical flexibility intended to protect staff and resident safety.

The organizations support residents being informed about transfer and discharge actions in a manner that they can understand and state 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 organizations argue that as facilities increasingly move away from paper-based processes toward fully electronic health record systems, management of additional signed paper documents in the electronic record increases administrative complexity and the development of additional policies and processes. Adding an additional signature requirement to the transfer and discharge notice process is unnecessary as facilities already note in the record when notice has been provided.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, costs of an unknown, but likely minor and absorbable amount, to DPH. No costs to the Department of Justice and the Department of Health Care Services.

VOTES**ASM HEALTH: 14-0-2**

YES: Bonta, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Johnson, Patel, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

ABS, ABST OR NV: Chen, Patterson

ASM APPROPRIATIONS: 12-0-3

YES: Wicks, Hoover, Aguiar-Curry, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache

ABS, ABST OR NV: Arambula, Ta, Tangipa

UPDATED

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