
SENATE COMMITTEE ON HEALTH
Senator Akilah Weber Pierson, Chair

BILL NO: AB 2135
AUTHOR: Kalra
VERSION: June 4, 2026
HEARING DATE: June 24, 2026
CONSULTANT: Vincent D. Marchand

SUBJECT: Long-term health care facilities

SUMMARY: Revises and expands notices of transfer and discharge from long-term care facilities, including by imposing minimum prior notice of facility-initiated transfers or discharge of 30 days, 14 days, or as soon as practicable, depending on the reason for the transfer or discharge. Requires certain conditions to be met in order to transfer or discharge a resident to protect the health or safety of individuals in the facility, including by documenting efforts to address the resident’s endangerment to individuals, and requires the discharge notice to include a description of how the care or support the discharge location can provide is expected to address the resident’s endangerment to individuals. Requires a written translation, in the resident’s primary language or in an accessible format to the vision impaired, of the discharge and transfer notices. Permits the California Department of Public Health to prohibit new admissions to a long-term care facility if the facility is not in compliance with a hearing decision that the facility improperly transferred, discharged, or refused to readmit a resident.

Existing law:

- 1) Licenses and regulates long-term care (LTC) facilities by the California Department of Public Health (CDPH). LTC facilities include skilled nursing facilities (SNFs), intermediate care facilities (ICFs), ICF/developmentally disabled (ICF/DD), ICF/DD-habilitative, ICF/DD-nursing, and congregate living health facilities. [HSC §1250, et seq., and §1418]
- 2) Establishes a civil penalty structure for LTC facilities, categorized into “AA,” “A,” and “B” violations: “A” violations are where CDPH 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 CDPH determines was a direct proximate cause of the death of a resident of an LTC facility; and, “B” violations are those that CDPH determines have a direct or immediate relationship to the health, safety, or security of LTC facility residents. [HSC §1424]
- 3) Requires all contracts of admission to LTC facilities to state that except in an emergency, a resident cannot be involuntarily transferred within, or discharged from, the facility unless the resident is given reasonable notice in writing and transfer or discharge planning as required. Requires the written notice to state the reason for the transfer or discharge, and requires the facility to immediately notify the Office of the State Long-Term Care Ombudsman (LTC Ombudsman) in every case of involuntary discharge, as specified. [HSC §1599.78]
- 4) Requires an LTC facility, if a resident of an LTC facility is notified in writing of a facility-initiated transfer or discharge, to also send a copy of the notice to the local LTC ombudsman at the same time notice is provided to the resident or the resident’s representative. [HSC §1439.6(a)]

- 5) Requires an LTC facility, within 48 hours of giving a required written notice of an involuntary transfer or discharge, to provide the resident, and if applicable, the resident's representative, a copy of all of the following:
 - a) The evaluation of the resident's discharge needs and discharge plan as required by federal law or the most current discharge plan; and,
 - b) In the case of the transfer or discharge being necessary for the resident's welfare because the resident's needs cannot be met in the facility, all of the following information (if not included in the most current discharge plan):
 - i) A written description of the specific resident's needs that cannot be met;
 - ii) Facility attempts to meet the resident's needs; and,
 - iii) The services available at the receiving facility that meet the resident's needs. [HSC §1439.6(f)]
- 6) Establishes the Long-Term Care Ombudsman Program (LTC Ombudsman Program), within the Department of Aging, pursuant to a grant from the federal government under the Older Americans Act, as specified, to hear, investigate, and resolve complaints made by or on behalf of patients or residents of long-term care facilities relating to matters that may affect the health, safety, welfare, and rights of these patients or residents, among other duties. [WIC §9700, et seq.]
- 7) Prohibits an LTC facility that participates as a provider under the Medi-Cal program from seeking to evict out of the facility, or transfer within the facility, any resident as a result of the resident changing his or her manner of purchasing the services from private payment or Medicare to Medi-Cal, except that a facility is permitted to transfer a resident from a private room to a semiprivate room. [WIC §14124.7]
- 8) Imposes penalties on long-term care facilities for noncompliance with a hearing decision issued by Department of Health Care Services (DHCS) that orders readmission of a resident after a finding that the facility improperly transferred, discharged, or failed to readmit a resident. Sets these penalties at \$750 for each calendar day the facility fails to comply with the hearing decision, up to a maximum of \$75,000 for each individual hearing decision. [WIC §14126.029]

Existing federal law:

- 1) Prohibits LTC facilities that participate in the Medicaid or Medicare program from transferring or discharging a resident from the facility unless under one of the following conditions:
 - a) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
 - b) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;
 - c) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;
 - d) The health of individuals in the facility would otherwise be endangered;
 - e) The resident has failed, after reasonable and appropriate notice, to pay for (or have paid under Medicare or Medicaid) a stay at the facility. Specifies that for a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or,
 - f) The facility ceases to operate. [42 CFR §483.15(c)]

- 2) Prohibits an LTC facility from transferring or discharging a resident while an appeal is pending, as specified, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. Requires the facility to document the danger that failure to transfer or discharge would pose. [42 CFR §483.15(c)]

This bill:

- 1) Requires an LTC facility to provide notice to the resident of a facility-initiated transfer or discharge, within 30 days before a resident is transferred or discharged, except as required in 2) and 3) below.
- 2) Requires an LTC facility to provide notice to the resident of a facility-initiated transfer or discharge at least 14 days before a resident is transferred or discharged in either of the following circumstances:
 - a) The resident's health has improved sufficiently to allow a more immediate transfer or discharge; or,
 - b) The resident has not resided in the facility for 30 days.
- 3) Requires an LTC facility to provide a notice of transfer or discharge as soon as practicable before a resident is transferred or discharged when the health or safety of individuals in the facility would be endangered. Requires the following conditions to be met before this notice is provided:
 - a) A licensed health care practitioner, acting within their scope of practice, engaged with the resident and, if applicable, the resident's representative, to address the situation that is causing the health or safety of individuals in the facility to be endangered; and,
 - b) The facility has documented its efforts to execute the health care practitioner's orders regarding the modifications to the care plan to address the resident's endangerment to the health and safety of individuals.
- 4) Requires a notice of transfer or discharge under 3) above to include a description of how the health or safety of individuals in the facility would be endangered and the type of care, services, or supports the discharge location can provide that are expected to address the resident's endangerment to the health and safety of individuals.
- 5) Requires receipt of the notice of transfer or discharge to be acknowledged by the signature of the resident or, if applicable, the resident's representative. Requires a facility staff member, if the signature of the resident or the resident's representative cannot be obtained, to sign the notice and verify that they delivered the notice to the resident and, if applicable, the resident's representative and state the name or names of the person or persons they delivered the notice to and the date or dates on which the notice was delivered. Requires copies of the signed notice to be given to the resident and, if applicable, their representative.
- 6) Specifies that nothing in the provisions of law governing transfer and discharge requirements, including the changes made by this bill, prohibits a resident who poses a danger to themselves or others from being detained pursuant to specified provisions of the Lanterman Petris Short Act governing the involuntary detainment of individuals who are a danger to themselves or others.
- 7) Specifies that knowingly making a false verification regarding the delivery of a notice of transfer or discharge is a willful violation, subject to existing misdemeanor penalties of a fine of up to \$2,500 or up to 180 days in the county jail, or both.

- 8) Specifies that an LTC facility's failure to comply with the notice requirements in this bill constitutes a class "B" violation, as specified.
- 9) Requires an LTC facility to provide a written translation of the transfer or discharge notice in the resident's primary language, and requires the translated notice to be provided to the resident at the same time as the written notice in English. Requires the LTC facility or the individual or entity providing the translation to attest, under penalty of perjury, to the accuracy of the written translation in the translated document.
- 10) Requires an LTC facility, if the resident is vision impaired or blind, to provide the written notice in large print or braille upon the resident's request. Requires the accessible-format notice to be provided to the resident at the same time as the written notice, and requires the entity providing the transcript or format conversion to attest, under penalty of perjury, to the accuracy of the content. Requires braille transcriptions to include the complete and unabridged text of the original written notice. Requires electronic braille transcription files to be used where applicable.
- 11) Requires the resident's primary language and sensory impairments to be included in the minimum dataset maintained by the LTC facility, pursuant to specified requirements of existing law.
- 12) Specifies that a failure to provide a translated or accessible-format copy of the notice to the resident or to the local LTC ombudsman upon request constitutes an automatic class "B" violation.
- 13) Increases the penalties that may be assessed by DHCS against an LTC facility after a hearing that finds that the LTC facility improperly transferred, discharged, or refused to readmit a resident, from \$750 to \$1,000 for each calendar day the facility fails to comply with the hearing decision, up to a maximum aggregate of \$100,000 per hearing decision (up from \$75,000).
- 14) Requires DHCS to promptly notify CDPH if an LTC facility fails to timely comply with a hearing decision.
- 15) Permits CDPH, upon notification that an LTC facility has failed to timely comply with a hearing decision that the facility improperly transferred, discharged, or refused to readmit a resident, to prohibit the admission of new residents to the facility, and requires this prohibition to remain in effect until any of the following has occurred, as verified by CDPH prior to lifting the prohibition:
 - a) The facility has achieved compliance;
 - b) The maximum aggregate amount of penalties has been collected; or,
 - c) The facility has formally sought judicial review of the hearing decision.

FISCAL EFFECT: According to the Assembly Appropriations Committee, costs of an unknown, but likely minor and absorbable amount, to CDPH. No costs to the Department of Justice and DHCS.

PRIOR VOTES:

Assembly Floor:	68 - 1
Assembly Appropriations Committee:	12 - 0
Assembly Health Committee:	14 - 0

COMMENTS:

- 1) *Author's statement.* According to the author, wrongful nursing facility initiated discharges and unlawful evictions can leave residents without essential medical care, disrupt continuity of treatment, and place older adults and people with disabilities at serious risk of homelessness and declining health. LTC ombudsman 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. 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. It 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) *Transfer and discharge requirements under federal law.* Under federal requirements, an LTC facility is only allowed to transfer or discharge a resident for certain reasons, including: when necessary for the resident's welfare and the resident's needs cannot be met in the facility; when the resident's health has improved sufficiently; failure to pay, under certain circumstances; or, the safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident. While a notice of transfer or discharge is theoretically required to be made at least 30 days before transfer or discharge, there are a number of exceptions where notice is only required to be made "as soon as practicable," including in most of the allowed reasons for transfer or discharge, or when a resident has not resided in the facility for 30 days. Federal regulations require the transfer or discharge to be documented in the resident's medical record, which is required to include the basis for the transfer, and in cases where the transfer is because the resident's needs cannot be met at the facility, the facility's attempts to meet the resident's needs, and the service available at the receiving facility to meet the needs. The notice is required to be in writing and in a language and manner the resident understands, and a copy is required to be sent to the LTC ombudsman. A resident is allowed to appeal a transfer or discharge, and the facility is not allowed to transfer or discharge while the appeal is pending, unless the failure to transfer or discharge would endanger the health or safety of the resident or other individuals in the facility.

- 3) *Setting a higher standard than federal regulations.* Some of the provisions of this bill codify federal requirements for LTC facilities, either more or less directly, or with some additional details. For example, federal regulations require the discharge notice to be "in writing and in a language and manner the resident understands." This bill incorporates this federal requirement by clearly stating that the facility is required to provide a written translation of the notice in the resident's primary language, or in large print or braille upon request for a visually impaired resident. Other requirements in this bill go beyond federal requirements. For example, there are a number of exceptions from the federal requirement that a notice of transfer or discharge be made by the facility at least 30 days before transfer or discharge. If the transfer or discharge falls into one of those exceptions, the federal requirement defaults to "as soon as practicable before transfer or discharge." Under this bill, however, instead of "as soon as practicable," the discharge notice would have to be made at least 14 days before the transfer or discharge in some cases. This includes when a resident's health has improved

sufficiently to allow a more immediate transfer or discharge, or when the resident has not resided in the facility for 30 days. It is important to note that these requirements are for “facility-initiated” transfers or discharges; a resident can always voluntarily leave earlier. However, under this bill, if a resident is transferred from a hospital to an LTC facility for rehabilitation, and after two to three weeks, improves to the point where the LTC facility believes the resident can be safely discharged, rather than an “as soon as practicable” discharge notice, the facility would be required to give the resident a 14 day notice. The only federal exceptions to the 30-day rule where this bill retains the flexibility for a facility to provide a notice “as soon as practicable,” is where the health or safety of other individuals in the facility would be endangered. While an LTC facility is permitted to discharge a resident after providing a notice as soon as practicable in these circumstances, this bill does impose certain conditions that must be met. Some of these conditions are consistent with federal regulations or federal guidance, such as ensuring a licensed health care practitioner has engaged with the resident to address the situation that is causing the danger, and documenting efforts to address the issue. However, the requirement that the notice include a description of “the type of care, services, or supports the discharge location can provide that are expected to address the resident’s endangerment to the health and safety of individuals” goes beyond federal requirements.

- 4) *State and local LTC Ombudsman Programs.* The LTC Ombudsman Program is a federally authorized program, partially funded by the federal government, to advocate for the rights of residents in LTC facilities. In California, there is the Office of the State LTC Ombudsman, which is housed with the Department of Aging, and develops policy and provides oversight to the 35 local Ombudsman Program Coordinators. The LTC ombudsman’s advocacy role takes two forms: a) to receive and resolve individual complaints and issues by, or on behalf of, LTC facility residents; and, b) to pursue resident advocacy in the LTC system, its laws, policies, regulations, and administration through public education and consensus building. Residents or their family members can file a complaint directly with the local LTC Ombudsman, and all LTC facilities are required to post, in a conspicuous location, the phone number for the local LTC ombudsman office and the statewide CRISIS line, which is available 24 hours a day, seven days a week to take calls and refer complaints. State law gives LTC ombudsmen the right to enter and move within LTC facilities and residential care facilities to identify, hear, investigate, and resolve complaints; to observe and monitor conditions of residents and facilities; to speak confidentially with residents; and to provide services to assist residents in protecting their health, safety, welfare, and rights. There are 35 local LTC ombudsman programs, with both paid staff, and numerous certified volunteers who advocate on behalf of the residents of LTC facilities.
- 5) *Double referral.* This bill is double referred. Should it pass out of this committee, it will be referred to the Senate Judiciary Committee.
- 6) *Prior legislation.* AB 1309 (Reyes, Chapter 835, Statutes of 2023) requires nursing homes, within 48 hours of giving a required written notice of an involuntary transfer or discharge, to provide the resident with a copy of certain discharge related documents, including a description of specific needs that cannot be met and the facility’s attempts to meet those needs when the basis of the transfer or discharge is because the resident’s needs cannot be met in the facility.

AB 895 (Holden, Chapter 577, Statutes of 2022) requires SNFs and Residential Care Facilities for the Elderly to provide a written notice to a prospective resident, or their

representative, that includes the contact information for the local LTC ombudsman, and links to specified websites governing licensing and quality of care.

AB 940 (Weber, Chapter 274, Statutes of 2017) requires an LTC facility to notify the local LTC ombudsman when a resident is notified in writing of a facility-initiated transfer or discharge from the facility.

- 7) *Support.* This bill is co-sponsored by California Advocates for Nursing Home Reform (CANHR), the California Long-Term Care Ombudsman Association (CLTCOA), the California Council of the Blind, and Disability Rights Education & Defense Fund. CANHR states in support that illegal evictions are one of the most common rights violations that nursing home residents face. According to CANHR, from 2018 to 2024, California nursing homes were cited 2,539 times for deficient discharge practice, and CANHR receives calls on a near-daily basis from consumers across California facing the threat of an illegal nursing home eviction. According to CANHR, 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 10 to 20 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 after their Medicare coverage ends, they have to switch to a less lucrative payment source, such as Medi-Cal. 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. When Medicare coverage ends, the nursing home will often issue a Notice of Medicare Non-Coverage (NOMNC), claiming they need to be discharged because Medicare will not cover their services if they stay. However, residents are rarely given information about their right to apply for Medi-Cal as an option for coverage. Instead of complying with discharge notice requirements, nursing homes use the NOMNC to convince residents they must leave to avoid financial liability even if their health has not sufficiently improved. CANHR notes that nursing homes are generally required to provide the resident a 30-day written discharge notice. However, certain exceptions allow facilities to provide notice “as soon as practicable.” One of those exceptions is if the resident has resided in the facility for less than 30 days. Nursing homes take advantage of this undefined phrase to discharge residents within one to two days after Medicare stops providing coverage, and often, no written discharge notice is given at all. In addition, when they are given a written notice of discharge, it is often a standard notice in English, yet 16% of residents requested an interpreter or translator, 22% were vision-impaired, and 56% reported needing assistance reading or understanding written materials from their doctor. Although federal regulations require discharge notices to be in writing and in a language and manner they understand, nursing homes often do not comply. Finally, CANHR states that this bill reinforces residents’ rights by increasing and enforcing penalties for facilities that refuse to readmit their residents after a hospital stay, even after being ordered to readmit by DHCS. CLTCOA makes similar arguments, and states that for vulnerable older adults who rely on nursing homes for their care and safety, an eviction is not merely a housing dispute, it can represent the sudden loss of their home, their support network, their health, and ultimately their stability. This bill provides critical safeguards to ensure nursing home residents are not lawfully or abruptly forced from the place they’ve come to call home.
- 8) *Oppose unless amended.* The City and County of San Francisco oppose this bill unless amended. San Francisco owns and operates Laguna Honda Hospital (LHH), which is a 769-bed SNF. LHH is one of the largest SNFs in the United States and represents one of the most

extensive commitments by any city or county to therapeutic care for seniors and adults with disabilities. San Francisco is specifically concerned with the proposed change to only allow the transfer or discharge of a resident whose behavior endangers the health and safety of individuals in the facility if the facility can transfer the individual to a facility that is expected to “address the resident’s endangerment to the health and safety of individuals.” San Francisco states that the discharging facility is responsible for safely discharging residents and ensuring they receive the health services and care they need at the discharge location. It is not the discharging facility’s responsibility to ensure the safety of others from that person when they go to another facility. It is not reasonable, nor is it within federal regulations, to put this burden on the discharging facility. As such, San Francisco proposes an amendment to require the notice of transfer or discharge to describe how the discharge location is expected to “address the resident’s *needs*,” rather than how the discharge location will “address the resident’s endangerment to the health and safety of individuals.”

The California Association of Health Facilities, LeadingAge California, and the California Hospital Association also oppose unless amended, writing jointly that this bill continues to be inconsistent with federal law, increases costs and administrative complexity, and poses challenges for facilities to protect staff and resident safety. This coalition has the same concern with the discharge notice that San Francisco has, although with a different requested amendment. In addition, this coalition has concerns with the written translation requirements, and suggests this would be more appropriately managed by CDPH to ensure accuracy and would align with CDPH’s role in producing other translated documents via their Language Access Services Program. Directing CDPH to translate a standard form and certify that the translated form is accurate will ensure consistency and quality of translation, while the facility will still need to ensure that the actual contents of the form, such as the description of care needs, is in the appropriate language. The coalition also continues to have concerns with provisions requiring a 14 day-notice for discharges or transfers where federal law offers more flexibility, and argue that when an SNF is unable to discharge a resident who is medically cleared for a lower level of care or no longer has coverage for SNF services, the resulting bed occupancy creates bottlenecks throughout the continuum of care.

9) *Amendments.* The author has agreed to accept amendments from the Committee as follows:

a) On Page 5, lines 11-16:

(B) A notice of transfer or discharge made pursuant to this paragraph shall include a description of how the health or safety of individuals in the facility would be endangered and the type of care, services, or supports the discharge location can provide that are expected to address the resident’s ~~endangerment to the health and safety of individuals~~ *needs*.

b) On Page 7, between lines 27 and 28, add a new paragraph as follows:

(3) A facility may use a template form developed and translated by the state or a professional association that meets the requirements of this section, however, the facility shall ensure that patient-specific information as required by this section has been added and meets the translation or accessibility standards required by this section.

~~(3)~~(4) Failure to provide (...)

SUPPORT AND OPPOSITION:

Support: California Advocates for Nursing Home Reform (co-sponsor)
California Council of the Blind (co-sponsor)

California Long Term Care Ombudsman Association (co-sponsor)
Disability Rights Education and Defense Fund (co-sponsor)
AARP
Alzheimer's Association
Ars Moriendi Project
California Alliance for Retired Americans
California Association of Area Agencies on Aging
California Coalition on Family Caregiving
California Elder Justice Coalition
California Health Advocates
California Retired Teachers Association
California Senior Legislature
Choice in Aging
Coalition of California Welfare Rights Organizations
Consumer Attorneys of California
Council on Aging, Southern California
Disability Action Center
Disability Rights California
Empowered Aging
Essential Caregivers Coalition
Justice in Aging
Legal Assistance for Seniors
Long-Term Care Ombudsman Program of El Dorado County
Long-Term Care Ombudsman Program of Imperial County
Long-Term Care Ombudsman Program of Kern County
Long-Term Care Ombudsman Program of San Francisco
Long Term Care Ombudsman Program of San Luis Obispo County
Long Term Care Services of Ventura County
Office of the State Long-Term Care Ombudsman
Placer Independent Resource Services
Senior Advocacy Services
Western Center on Law & Poverty
Wise and Healthy Aging

Oppose: California Association of Health Facilities (unless amended)
California Hospital Association (unless amended)
City and County of San Francisco (unless amended)
LeadingAge California (unless amended)

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