April 7, 2026

The Honorable Mia Bonta
Chair, Assembly Committee on Health
1020 N Street, Room 390
Sacramento, CA 95814

Re: AB 2135 (Kalra) – Long-term health care facilities – Oppose Unless Amended

Dear Assemblymember Bonta:

The California Association of Health Facilities (CAHF), LeadingAge California, and the California Hospital Association (CHA) oppose AB 2135 (Kalra) unless amended. While we recognize the author's and sponsors' intent to strengthen protections for residents of nursing homes, AB 2135 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.

Discharge and transfer notice requirements – written translated notice

Federal and state law include important protections for residents of long-term care 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 long-term care ombudsman. AB 2135 would require a facility to retain and make a signed translated or accessible written version of the discharge notice available to the local ombudsman.

We support residents being informed about transfer and discharge actions in a manner that they can understand. 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.

AB 2135 proposes the inclusion of written and translated versions of the notice and distribution of countersigned acknowledgements of receipt of the documents. 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. Most facilities do not have the resources to provide translated written versions of the transfer and discharge notices in multiple languages. Producing translated versions of notices about resident rights related to transfer and discharge would increase costs for each facility and would be more appropriately managed by the California Department of Public Health (CDPH) to ensure accuracy and would align with CDPH's role in producing other translated documents (ex. standard admissions agreement) related to long-term care residents.

Discharge and transfer notice requirements – notice period

Federal law generally requires that notice of transfer and discharge be provided to SNF residents a minimum of 30 days prior to facility-initiated transfer or discharge. However, there are important exceptions that enable the facility to provide the notice as soon as practicable, such as when the safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident. AB 2135 would amend the requirement require notice 14 days before a SNF could transfer or discharge a resident that is a danger to others in the facility.

AB 2135 defines the existing standard of providing notice in specified instances "as soon as practicable" to be 24 hours or at least 14 days depending on the situation. Existing law 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. We support maintaining the flexibility of "as soon as practicable" exceptions and opposes defining the prescriptive definition of a minimum length of time. Section 483.15 of Title 42 of the Code of Federal Regulations delineates a wide range of situations in which a discharge notice can be issued "as soon as practicable". 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. We 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.

Failure to comply with readmission order – prohibition of new admissions

AB 2135 would increase financial penalty amounts and prohibit a facility from accepting any new admissions until the facility complies with the hearing decision.

Existing law establishes a daily financial penalty of $750 and total aggregate penalties of up to $75,000 per decision for facilities that fail to comply with requirements to readmit residents when a discharge or transfer is overturned through the established administrative appeal process. AB 2135 would increase the daily fine to $1000 per day and $100,000 per decision. AB 2135 would require the California Department of Public Health (CDPH) to prohibit the admission of new residents to the facility if a facility has failed to timely comply with a hearing decision. Based on CDPH licensing survey data, there is no evidence of facilities frequently failing to comply with hearing decisions or that the existing financial penalties for non-compliance are not sufficiently deterring non-compliance. AB 2135 would potentially disrupt access to care for other new residents and is inconsistent with existing state criteria and authority for prohibiting long-term care admissions.

Suspending new admissions to a long-term care facility is a serious action that should only be taken when there is demonstrated risk to patient safety. Under existing law, for example, limiting admissions occurs when there is substantial compliance with federal requirements or when a facility has been cited for substandard quality of care in the last three consecutive surveys. State law even provides for a mechanism to prevent interruptions to long-term care admissions when a facility is undergoing a change in ownership, and a facility is not fully licensed.

In the event that there is a communication issue between the department notifying the facility of the hearing decision or the facility notifying the department that action has been taken, the provisions in AB 2135 could create an unnecessary interruption in new admissions that harms patient access to care. If a SNF is prohibited from admitting new residents, there would be financial impact to the facility (in addition to the existing financial penalties) as well as to hospitals that would be prevented from discharging residents to the SNF.

The provision to add required suspension of new admissions for failure to comply with a hearing order is unnecessary and inconsistent with existing standards for denying new admissions. We suggest amendments that would authorize, but not require, the Department of Public Health to prohibit new admissions if the Department determines that it is necessary to protect the public health.

Fiscal impact – increased costs

Pursuant to state law, new mandates placed on skilled nursing facilities that add new costs are required to be calculated for increased reimbursement into the Medi-Cal reimbursement rate via the "add-on" rate process. Expanded requirements to provide increased written translations and additional information in expanded accessible formats will increase costs to the facility for translation services and technology to provide documents in accessible formats. These costs will require additional reimbursement through the Medi-Cal program.

For these reasons, the undersigned organizations oppose AB 2135 (Kalra) unless amended and respectfully request your 'No' vote in the Assembly Health Committee.

Sincerely,

Yvonne Choong
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California Association of Health Facilities

Amber King
Vice President, Legislative Affairs
LeadingAge California

Vanessa Gonzalez
Vice President, State Advocacy
California Hospital Association