

Date of Hearing: April 7, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
AB 1637 (Caloza) – As Introduced January 26, 2026

SUBJECT: Physicians and surgeons: medical records.

SUMMARY: Clarifies that a physician and surgeon is responsible for their own patient medical documentation and prohibits anyone from altering a physician and surgeon’s patient documentation.

EXISTING LAW:

- 1) Regulates the practice of medicine under the Medical Practice Act. (Business and Professions Code (BPC §§ 2000-2529.8.1))
- 2) Establishes the Medical Board of California (MBC) to administer and enforce the Medical Practice Act. (BPC §§ 2000-2028.5)
- 3) Specifies that the terms “license” and “certificate” are synonymous for purposes of the Medical Practice Act. (BPC § 2040)
- 4) Makes it unlawful to practice medicine or use the title “physician” unless the person has been issued an active “physician’s and surgeon’s certificate” by the MBC. (BPC §§ 2050-2052, 2054(a))
- 5) Requires the MBC to take disciplinary action against any licensee who is charged with unprofessional conduct. (BPC § 2234)
- 6) Specifies that unprofessional conduct includes the failure of a physician and surgeon to maintain adequate and accurate records of the provision of services to their patients for at least seven years after the last date of service to a patient. (BPC § 2266)
- 7) Makes it a misdemeanor to violate specified provisions of the Medical Practice Act, including the adequate and accurate records requirement. (BPC § 2314)

THIS BILL:

- 1) Specifies that a physician and surgeon’s patient medical documentation is the responsibility of that physician and surgeon, regardless of the clinical setting.
- 2) Prohibits the altering, modification, or editing of a physician and surgeon’s patient notes, after-visit summaries, and diagnosis and treatment plans except by the authoring physician and surgeon.

FISCAL EFFECT: Unknown; this bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is sponsored by the *Union of American Physicians and Dentists*. According to the author, “Trust is the lifeblood of any healthcare system. Without it, care is compromised, expertise is doubted, and lives are put at risk. [This bill] protects our patients and strengthens physician-patient relationships. Under current law, any person has the authority to electronically alter medical documentation, leaving patient care vulnerable to manipulation, misinformation, and irreversible harm. There is a discrepancy with who is responsible and who is held accountable for medical record-keeping. [This bill] draws clear lines of responsibility by ensuring that physician-authored notes, diagnoses, and treatment plans cannot be modified by anyone other than the physician who created them.”

Background. The Medical Practice Act requires all physicians to maintain adequate and accurate records of the services they provide to their patients for a minimum of seven years. The act also makes the failure to do so unprofessional conduct, meaning the physician is subject to disciplinary action by the MBC. The severity of the action, which ranges from probation to revocation of the license,¹ is proportional to the gravity of the violation.

The act does not specify what constitutes a failure to maintain the records other than adequacy, accuracy, and retention. The sponsor argues that this lack of specificity opens the door for someone other than a physician to modify the physician’s records. This bill reinforces that it is the authoring physician who is responsible for the records while also making it unlawful for anyone else to modify the records.

Prior Related Legislation. SB 815 (Roth), Chapter 294, Statutes of 2023, added the seven year minimum to the adequate and accurate records requirement.

SB 668 (Polanco), Chapter 13, Statutes of 1996, which primarily dealt with optometric assistants, added the adequate and accurate records requirement.

AB 1894 (Polanco) of 1994 was substantially similar to SB 668. *AB 1894 died pending a hearing in the Senate Business and Professions Committee.*

SB 613 (Calderon) of 1991 was a broader version of AB 1984 that would have restricted the data gathering activities of optometric assistants and medical assistants.

ARGUMENTS IN SUPPORT:

The *American Federation of State, County and Municipal Employees (AFSCME)*, *AFL-CIO* writes in support:

[This bill] establishes a clear and essential standard: that a physician and surgeon retains full responsibility for, and control over their patient medical documentation. By ensuring that patient notes, after-visit summaries, and diagnosis and treatment plans cannot be altered, modified, or edited by anyone other than the authoring physician, this bill protects the integrity of the medical record and reinforces the physician’s clinical judgment.

¹ Med. Bd. of Cal., Manual of Model Disciplinary Orders and Disciplinary Guidelines 24 (12th ed. 2016), www.mbc.ca.gov/Download/Documents/disciplinary-guidelines.pdf.

This protection is increasingly important in modern healthcare environments where documentation may pass through multiple hands, including administrative staff, third-party contractors, and electronic health record systems that allow for downstream edits. Unauthorized or inappropriate alterations to physician documentation can lead to serious consequences, including compromised patient safety, clinical errors, liability concerns, and erosion of trust between patients and providers.

For public sector physicians in particular who often work in high-volume, resource-constrained settings, maintaining the accuracy and integrity of the medical record is critical. These physicians must be able to rely on their documentation as a true and unaltered reflection of their clinical decision-making. [This bill] ensures that accountability remains where it belongs: with the licensed physician responsible for the patient's care.

ARGUMENTS IN OPPOSITION:

There is no opposition on file.

IMPLEMENTATION ISSUES:

New Crime vs. Safe Harbor. This bill attempts to prevent situations where a physician is liable for the content of patient records that may have been modified by someone else. However, it does not directly clarify that a physician is not liable for improper modifications made by others. Instead, it prohibits others such as administrative staff or other physicians from making modifications.

Enforcement Against Non-Physicians. If a physician or other relevant licensee under the BPC violates the modification prohibition under this bill, the MBC or relevant licensing board can take disciplinary action against them. However, for unlicensed staff or business entities, the enforcement process is less straightforward. Because there is no license to take action against, there is little a licensing board can do. Instead, the violation would have to be prosecuted as a misdemeanor crime by law enforcement.

Prohibition Against Appropriate Delegation. The MBC adopted a "support if amended" position on this bill at its February 26, 2026, meeting. In its letter to the author, MBC staff wrote that the MBC "believes that the integrity of medical records is vital to patient care and the [MBC's] enforcement functions and appreciates the intent of your legislation. During their discussion, however, the [MBC] expressed concerns that [this bill] could inadvertently prevent a physician from delegating authority to another person to draft or modify patient records on their behalf."

AMENDMENTS:

1) To reduce repetitive and undefined terms, amend this bill as follows:

On page 2, lines 3-5:

2266.1. (a) *For purposes of this section, "patient notes" means notes, after-visit summaries, and diagnosis and treatment plans.*

(b) A physician and surgeon's patient ~~medical documentation~~ notes shall be the responsibility of that physician and surgeon, regardless of the clinical setting.

- 2) To address concerns from the MBC and other stakeholders regarding individuals who should be authorized to modify a physician's notes, amend the bill as follows:

On page 2, lines 5-8:

(c) A physician and surgeon's patient notes, ~~after visit summaries, and diagnosis and treatment plans~~ shall not be altered, modified, or edited in any fashion by anyone other than the authoring physician and ~~surgeon~~. *surgeon or any of the following:*

(1) A scribe, medical assistant, or other authorized individual delegated by the authoring physician and surgeon.

(2) A physician and surgeon who is adding to an authoring physician and surgeon's patient notes if patient care has been transferred from the authoring physician and surgeon to the physician and surgeon who is making the additions.

(3) A physician and surgeon altering, modifying, or editing the patient notes of a physician and surgeon postgraduate training licensee, intern, resident, or postdoctoral fellow who the physician and surgeon is supervising.

REGISTERED SUPPORT:

American Federation of State, County and Municipal Employees (AFSCME), AFL-CIO

REGISTERED OPPOSITION:

There is no opposition on file.

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