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THIRD READING

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Bill No: AB 1637  
Author: Caloza (D)  
Amended: 4/8/26 in Assembly  
Vote: 21

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SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 10-0, 6/8/26  
AYES: Wahab, Choi, Archuleta, Arreguín, Caballero, Grayson, Menjivar, Niello,  
Smallwood-Cuevas, Strickland  
NO VOTE RECORDED: Umberg

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

ASSEMBLY FLOOR: 69-0, 5/7/26 - See last page for vote

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**SUBJECT:** Physicians and surgeons: medical records

**SOURCE:** Author

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**DIGEST:** This bill specifies that a physician is responsible for their own patient notes and prohibits patient notes from being altered, modified, or edited by anyone other than the physician, unless they delegate authority to other specified healthcare personnel to make changes.

**ANALYSIS:**

Existing law:

- 1) Establishes various practice acts in the Business and Professions Code (BPC) governed by various boards within the Department of Consumer Affairs which provide for the licensing and regulation of health care professionals including physicians and surgeons (under the Medical Practice Act) and osteopathic physicians and surgeons (under the Osteopathic Medical Practice Act). (Business and Professions Code (BPC) §§ 2000 et seq.; 2099.5 et seq.)

- 2) Requires the MBC to take disciplinary action against any licensee who is charged with unprofessional conduct. (BPC § 2234)
- 3) 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)
- 4) 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's patient notes are the responsibility of that physician, regardless of the clinical setting.
- 2) Prohibits a physician's patient notes, from being altered, modified, or edited in any fashion by anyone other than the authoring physician or by:
  - a) A scribe, medical assistant, or other authorized individual acting under the authority delegated by the authoring physician.
  - b) A physician who is adding to an authoring physician's patient notes if patient care has been transferred from the authoring physician to the physician who is making the additions.
  - c) A physician altering, modifying, or editing the patient notes of a postgraduate training licensee, intern, resident, or postdoctoral fellow who the physician is supervising.

## **Background**

The Medical Practice Act (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, 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.

## Comments

The California Association for Nurse Practitioners writes that this bill “includes the qualification that an authorized individual acting ‘under the authority delegated by the authoring physician and surgeon’ may alter, modify, or edit a physician and surgeon’s patient notes. That qualification is inconsistent with existing California law and practice, as pursuant to AB 890 (Wood, Chapter 265, Statutes of 2020). AB 890 gives NPs who meet specified criteria the opportunity to practice independently, without standardized procedures or physician supervision.” CANP requests that the bill be amended to replace “acting under the authority delegated by the authoring physician and surgeon” with “working with the authoring physician and surgeon.”

Staff notes that any personnel or other healthcare providers would only be editing physician notes pursuant to the authority delegated by a physician, regardless of the practitioner’s independent authority in their own practice. For purposes of this bill, anyone editing physician notes would only be able to do so pursuant to the authorization the authoring physician delegated to that individual to undertake that task.

**FISCAL EFFECT:** Appropriation: No Fiscal Com.: Yes Local: Yes

**SUPPORT:** (Verified 6/23/26)

Aids Healthcare Foundation

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

California Academy of Child and Adolescent Psychiatry

California Acupuncture Coalition

Medical Board of California

**OPPOSITION:** (Verified 6/23/26)

None received

**ARGUMENTS IN SUPPORT:** AFSCME writes that this “bill protects the integrity of the medical record and reinforces the physician’s clinical judgment. 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. AB 1637 ensures that accountability remains where it belongs: with the licensed physician responsible for the patient's care."

According to the California Academy of Child and Adolescent Psychiatry, "The expansion of electronic health record (EHR) systems has broadened record access to administrative staff, contractors, and third parties, creating serious uncertainty around authorship and accountability. Polls within the physicians' union found numerous doctors reporting their clinical notes being changed by supervisors who were neither the primary physician nor a licensed doctor. AB 1637 closes this gap by establishing that a physician's patient documentation is solely their responsibility and explicitly prohibiting anyone other than the authoring physician from altering, modifying, or editing patient notes, diagnoses, or treatment plans in any form."

ASSEMBLY FLOOR: 69-0, 5/7/26

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bryan, Calderon, Caloza, Carrillo, Castillo, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Irwin, Jackson, Johnson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Quirk-Silva, Ramos, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Ward, Wilson, Zbur, Rivas

NO VOTE RECORDED: Arambula, Bonta, Chen, Flora, Hart, Hoover, Petrie-Norris, Celeste Rodriguez, Valencia, Wallis, Wicks

Prepared by: Sarah Mason / B., P. & E.D. /  
6/24/26 16:30:28

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