

Date of Hearing: April 21, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
AB 2382 (Patterson) – As Introduced February 20, 2026

SUBJECT: Electronic death registration system.

SUMMARY: Requires the State Registrar (SR) to use updated technology, including computer and mobile telephone applications, to upgrade its internet-based electronic death registration system (EDRS) for the creation, storage, and transfer of death registration information. Requires that specified individuals, including a physician, medical examiner, and local registrar to have the ability to access EDRS, in addition to the individuals currently responsible for completing a certificate of death.

EXISTING LAW:

- 1) Requires that each death be registered with the local registrar of births and deaths in the district in which the death was officially pronounced or the body was found. [Health and Safety Code (HSC) § 102775]
- 2) Requires the State Department of Public Health (DPH) to implement an internet-based EDRS for the creation, storage, and transfer of death registration information. [HSC § 102778]
- 3) Authorizes the SR, at their discretion, to incorporate computer or telephone facsimile technology, or both, in the statewide program of death and fetal death registration, including, but not limited to, the issuing of permits for disposition of human remains. [HSC § 102785]
- 4) Allows local districts to file certificates of death and fetal death manually within the local registration districts. [HSC § 102785]
- 5) Requires a funeral director, or person acting in lieu thereof, to prepare the certificate and register it with the local registrar. [HSC § 102780]
- 6) Requires the funeral director to obtain the required information other than medical and health section data from the person or source best qualified to supply this information. [HSC § 102790]
- 7) Requires that the medical and health section data and the time of death (on the death certificate) be completed and attested to by the physician and surgeon last in attendance or, in the case of a patient in a skilled nursing or intermediate care facility, by the physician and surgeon last in attendance, by a licensed physician assistant meeting certain qualifications. Requires the coroner to complete the medical and health section data and certify and attest to these facts in certain cases. Adds nurse practitioners to the lists of providers able to complete and attest to the medical and health section data and time of death commencing July 1, 2026. [HSC § 102795]
- 8) Requires the Department of Public Health (DPH) to access data within the EDRS to compile a report on veteran suicide in California. [HSC § 102791]

- 9) Requires DPH to access data within the EDRS to compile a report on veteran drug overdose deaths in California. [HSC § 102792]
- 10) Requires the medical and health section data of the death certificate and the physician's or coroner's certification to be completed by the attending physician within 15 hours after the death, or by the coroner within three days after examination of the body. Requires the physician within 15 hours after the death to deposit the certificate at the place of death, or deliver it to the attending funeral director at their place of business or at the office of the physician. [HSC § 102800]

FISCAL EFFECT: Unknown. This bill has not been analyzed by a fiscal committee.

COMMENTS:

1) **PURPOSE OF THIS BILL.** According to the author, families should not have to wait weeks to access critical services during their most vulnerable moments. The author states that this bill modernizes California's long-outdated EDRS by adding more applications to be used while expanding access to additional professionals. The author continues that under the current system, delays in establishing cause of death prevent families from completing funeral arrangements and accessing necessary benefits, creating unnecessary hardship during a difficult time. The author concludes that by cutting unnecessary delays, expanding access for authorized professionals, and updating technology, this bill clears backlogs, strengthens public-health reporting, and ensures families can get the timely, equitable services they deserve.

2) **BACKGROUND.**

a) **Background on EDRS.** The SR is responsible for registering each live birth, death, fetal death, and marriage that occurs in California, and for providing certified copies of vital records to the public. State law requires the SR to permanently preserve vital records in a systematic manner and to prepare and maintain a comprehensive and continuous index of all registered certificates. The California Integrated Vital Records System (Cal-IVRS) includes the Electronic Birth Registration System (EBRS), EDRS, and the Vital Records Business Intelligence System (VRBIS).

EBRS and EDRS are secure, web-based electronic birth and death registration databases that enable record preparers to enter certificate data into the registration database and electronically submit completed records to the local registrar to be registered. Once records are registered in EBRS and EDRS, record data are transmitted to VRBIS. VRBIS is a secure, web-based electronic solution for the SR to store California's vital records data and to permit local health departments and others to access such data for purposes allowed under California statute, such as epidemiologic analysis, surveillance, and program evaluation.

The University of California, San Diego (UCSD) is contracted by the DPH Center for Health Statistics and Informatics (CHSI) to provide regular maintenance and operations functions and scheduled system enhancements for functionality and efficiency to Cal-IVRS as defined in an Inter-Agency Agreement (IAA). The CHSI Informatics Branch-Cal-IVRS Section (IBCS) collaborates with UCSD on Cal-IVRS maintenance and enhancement activities including management of versioning schedules, facilitation of

requirements gathering, coordination of CHSI and stakeholder User Acceptance Testing (UAT), and assisting with training, communications, and outreach.

In a recent press release by UCSD announcing the renewal of the contract for Cal-IVRS through June 2027, UCSD notes that Cal-IVRS brings the birth, death, and fetal death vital records under one umbrella. The system facilitates the secure submission and processing of vital records by local registrars, hospitals, and other entities involved in vital statistics.

Cal-IVRS platform is used for data collection and legal certificate issuance for approximately 500,000 births, 240,000 deaths, and 5,000 fetal deaths annually in California. Hosted at UCSD Health's data center and operated by the UCSD Cal-IVRS team, the system boasts 99.98% uptime and serves 6,000 daily users across 61 registration districts, 58 coroner offices, 450 hospitals, and over 1,000 funeral homes in California. Around 80,000 physicians are able to access the remote attestation modes—Fax and Voice—for the purpose of reviewing and attesting certificates.

- b) Recent Updates to Cal-IVRS.** In recent years, legislation has been enacted mandating changes to Cal-IVRS, including AB 959 (Chiu), Chapter 565, Statutes of 2015 requiring the addition of sexual orientation and gender identity data collection; AB 1726 (Bonta), Chapter 607, Statutes of 2016 requiring the addition of new Asian and Pacific Islander race categories; AB 218 (Ward), Chapter 577, Statutes of 2021 requiring the collection of sex at birth, and AB 2176 (Wood), Chapter 34, Statutes of 2022 changing the requirement for local registration of births from 10 to 21 days. These legislative changes often result in required changes to vital records certificate templates, Cal-IVRS system user interfaces, user and reference documentation, multiple data file modifications including files shared with California counties and researchers as well as mandated files shared with the National Center for Health Statistics and the Social Security Administration, and frequently require user training and outreach.
- c) What does this bill do?** This bill requires EDRS to be accessible to health care providers, including physicians, medical examiners, and local registrars, in addition to the individuals currently responsible for completing a certificate of death. This bill would also require DPH to use upgraded technology, including computer and mobile applications, to upgrade EDRS.
- d) The EDRS process.** According to information provided by DPH, medical examiners, coroners, hospital staff (including physicians) and local registrar staff currently have the ability to work directly in EDRS. Medical examiners, coroners and physicians are able to enter causes of death directly in EDRS if they have one of three types of user accounts to input cause of death data: funeral home user; hospital user; or, medical examiner/coroner (MEC) user.

DPH notes that physicians may request access to EDRS as a “hospital user.” A hospital user account allows the user to initiate a record to enter personal and health information about a decedent including establishing the facts of a death. The hospital user account does not allow for attestation. The attestation process for physicians is performed via fax and voice methods, which is outside the system. Physicians are not set up to attest within EDRS electronically, nor is there a statutory mandate for physicians or hospitals to start the record. DPH notes that often, hospitals leave it up to the funeral homes to do so. DPH

continues that while MECs have access to EDRS and attest to the death through the system, physicians cannot attest to a death in EDRS. DPH notes that physicians currently go through funeral directors or hospital staff to provide causes of death. DPH continues that having access to EDRS would not change the way a physician would be able to attest to the record. Physicians would still only be able to complete attestation via voice or fax.

- e) **Upgraded Technology.** This bill requires DPH to use upgraded technology, including computer and mobile telephone applications, to update EDRS. DPH notes that it is in the process of continuing efforts of updating and improving EDRS over the next few years. Some of these planned updates include: reducing the number of steps required for state registration; adding new front-end validations of data entered in the system; and, adding a user notification system. DPH first transitioned from a paper death registration workflow to an electronic registration process in 2005. Since then, DPH has made continuous updates to the system including a major upgrade of EDRS in 2021. This version of EDRS modernized the user interface and infrastructure of the platform to bring it into alignment with the more up-to-date birth registration system.
- f) **Importance of timely access to death certificates.** Death certificates are official documents that legally establish the occurrence of death and record the details surrounding an individual's death within the state. According to CA.gov, a certified copy of a death certificate can typically be used to obtain death benefits, claim insurance proceeds, notify social security, and other legal purposes. Death certificates are also used as a source of state and national mortality statistics used to understand trends of disease and mortality. For instance, recently enacted legislation requires DPH to access EDRS data to report on veteran suicide and veteran drug overdose in California.

3) **SUPPORT.** The California Funeral Directors Association (CFDA) is the sponsor of this bill. CFDA states that since its implementation in 2005 by DPH, EDRS has remained unchanged for 20 years. CFDA continues that other states with similar systems have upgraded to new systems such as Washington and New York. CFDA states that the current system requires funeral directors to fax a worksheet to a physician to establish cause of death even before EDRS is touched. CFDA continues that delays in the system mean that the families of the deceased individual cannot have their services until this process is completed, resulting in greater grief for the families. CFDA continues that this bill allows physicians, medical examiners, and local registrars to access EDRS along with the individuals currently responsible for completing a certificate of death. CFDA continues that this bill also allows EDRS to be more efficient, faster, with less errors for everyone involved by allowing the physician to submit the cause of death directly to the local health registrar through immediate access to EDRS alleviating a burden for funeral directors currently acting as intermediaries. CDFA also states that this bill updates technology used by EDRS as technology improves. CDFA concludes that this bill opens the process up in a way that increases efficiency and allows families at their most vulnerable time not to be subjected to bureaucratic impediments.

4) RELATED LEGISLATION.

- a) SB 1071 (Ochoa Bogh) would authorize a family member of a deceased person, when a judicial determination is made on the manner of the person's death, to submit a written request to the SR for a new death certificate reflecting the newly determined manner of

death. SB 1070 passed Senate Health Committee on April 8, 2026 by a vote of 9-0 and is pending a hearing in the Senate Judiciary Committee.

- b) SB 1186 (Seyarto) would require the SR to establish a new birth certificate within 11 weeks upon receipt of either a report of adoption from any court of record for any child born in California or a readoption order. SB 1186 passed Senate Health Committee on April 15, 2026 by a vote of 10-0 and is pending a hearing in the Senate Judiciary Committee.

5) PREVIOUS LEGISLATION.

- a) AB 585 (Patterson) of 2025 is identical to this bill. AB 585 (Patterson) died on the Assembly Appropriations suspense file.
- b) AB 583 (Pellerin), Chapter 271, Statutes of 2025 expands, commencing July 1, 2026, the authorization to complete and attest to the medical and health section and time of death on a death certificate to a nurse practitioner (NP) last in attendance. Requires an NP to notify the coroner when they have knowledge of a death under certain specified circumstances.
- c) AB 1462 (Patterson), Chapter 844, Statutes of 2023 requires DPH to access data within EDRS to compile a report on veteran drug overdose deaths in California. Requires the report to include, but not be limited to, information on the ages, sexes, races or ethnicities, counties of residence, and drug or drugs causing overdose deaths of veterans. Requires DPH to annually provide the report to the Legislature and the Department of Veterans Affairs by March 15 of each year.
- d) AB 2176 (Wood), Chapter 34, Statutes of 2022 changes the requirement for local registration of births from 10 to 21 days.
- e) AB 2436 (Bauer-Kahan), Chapter 966, Statutes of 2022 requires the certificate of death to include the current first and middle names, birth last names, and the birthplaces of the parents, without reference to the parents' gendered relationship to the decedent. Requires the SR to electronically capture information on the parents' relationship to the decedent and any additional last names used by the parents, which would not be transcribed onto the actual hard copy of the death certificate.
- f) AB 218 (Ward), Chapter 577, Statutes of 2021 allows a person to obtain an amendment to the following vital records, to reflect the person's change of gender and sex identifier to female, male, or nonbinary; marriage license and certificate; confidential marriage license and certificate; birth certificate for their minor or adult child.
- g) AB 3371 (Committee on Veterans Affairs), Chapter 77, Statutes of 2020 requires DPH to access data within the EDRS to compile a report on veteran suicide in California. Requires the report to include, but not be limited to, information on the ages, sexes, races or ethnicities, counties of residence, and methods of suicide of veterans. Requires DPH to annually provide the report to the Legislature and the Department of Veterans Affairs by March 15 of each year.

- h) AB 1726 (Bonta), Chapter 607, Statutes of 2016 requires DPH to use the additional separate collection categories and other tabulations for specified Asian groups and Pacific Islander groups.
 - i) AB 959 (Chiu), Chapter 565, Statutes of 2015 requires DPH, the Department of Health Care Services, the Department of Social Services, and the Department of Aging to include sexual orientation and gender identity data when collecting client demographic data.
- 6) **AMENDMENTS.** Discussions with the author and sponsors have clarified that the issue of core concern is the inability of physicians to attest to a death directly within the EDRS system. The Committee may wish to amend this bill to require that the individuals authorized to complete the medical and health section data and time of death on a death certificate as specified in 7) of Existing Law above are able to access EDRS and further required to be authorized to attest to a death within EDRS using electronic, voice, and fax methods. Given that the authorization to attest to the medical and health section data is applicable to specific practitioners as specified in Existing Law 7), the Committee may wish to strike the reference to “health care providers, including physicians” and instead cross reference Existing Law 7) for clarity. The Committee may also wish to require DPH to update EDRS to allow these individuals to attest to a death using electronic, voice, or fax methods.

REGISTERED SUPPORT / OPPOSITION:**Support**

California Funeral Directors Association (sponsor)

Opposition

None on file

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